

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 20, 2001 8:00 am**  
**Secretary of State**

04-20-2001 90306 047 \*\*\*\*61.25

**DOCUMENT # N95000001543**

1. Entity Name

**SHILOH MISSIONARY BAPTIST CHURCH OF ST. AUGUSTIN**

Principal Place of Business

Mailing Address

271 W KING ST  
 ST AUGUSTINE FL 32095

271 W KING ST  
 ST AUGUSTINE FL 32095

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**53-3305816**

Applied For

Not Applicable

Zip

**32084**

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CROOMS, JAMES**  
 271 WEST KING STREET  
 ST. AUGUSTINE FL 32095

Name **Robert C. Stokes Jr**

Street Address (P.O. Box Number is Not Acceptable)

**271 W. King Street**

City **St. Augustine** **FL**

Zip Code **32084**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

**Robert C. Stokes Jr.**

**Robert C. Stokes Jr.**

**April 14, 2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  Delete  
 NAME **JENKINS, ISABELLE**  
 STREET ADDRESS **9 BLANCHE LN**  
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32095**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **32084**

TITLE **D**  Delete  
 NAME **STOKES, RENA M**  
 STREET ADDRESS **788 W. 3RD ST**  
 CITY-ST-ZIP **ST AUGUSTINE FL 32085**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **32084**

TITLE **C**  Delete  
 NAME **CROOMS, JAMES**  
 STREET ADDRESS **271 W KING STREET**  
 CITY-ST-ZIP **ST AUGUSTINE FL 32095**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **BELL, CHESTINE**  
 STREET ADDRESS **960 BUTLER AVE**  
 CITY-ST-ZIP **ST AUGUSTINE FL 32095**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **32084**

TITLE **D**  Delete  
 NAME **HEZEKIAH, RANDY JR**  
 STREET ADDRESS **440 S WOODLAWN STREET**  
 CITY-ST-ZIP **ST AUGUSTINE FL 32095**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **32084**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **Robert C. Stokes Jr.**  
 STREET ADDRESS **271 W. King St.**  
 CITY-ST-ZIP **St. Augustine, FL 32084**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Isabelle F. Jenkins**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 14, 2001** **904 8249274**  
 Date Daytime Phone #

CR2E037 (10/00)