

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90032 023 ****61.25

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02272005 Chg-NP CR2E037 (10/03)

DOCUMENT # N95000001543					
1. Entity Name SHILOH MISSIONARY BAPTIST CHURCH OF ST. AUGUSTINE, INC.					
Principal Place of Business 271 W KING ST SAINT AUGUSTINE, FL 32084		Mailing Address 271 W KING ST ST AUGUSTINE, FL 32095			
2. Principal Place of Business		3. Mailing Address P. O. Box 1292 Suite, Apt. #, etc. St. Augustine, FL			
Suite, Apt. #, etc.		City & State		4. FEI Number 53-3305816	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
32085	US	32085	US		
6. Name and Address of Current Registered Agent STOKES, ROBERT C JR 271 WEST KING STREET SAINT AUGUSTINE, FL 32084			7. Name and Address of New Registered Agent		
			Name <i>Moses A. Floyd, Jr.</i> Street Address (P.O. Box Number is Not Acceptable) <i>271 W King Street</i> City <i>St. Augustine FL</i> Zip Code <i>32084</i>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Moses A. Floyd, Jr.</i>		Signature, typed or printed name of registered agent, and title if applicable.		(NOTE: Registered Agent signature required when re-registering) <i>Moses A. Floyd, Jr.</i> 4-1-05 DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JENKINS, ISABELLE	NAME			
STREET ADDRESS	9 BLANCHE LN	STREET ADDRESS			
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STOKES, RENA M	NAME			
STREET ADDRESS	788 W. 3RD ST	STREET ADDRESS			
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BELL, CHESTINE	NAME			
STREET ADDRESS	960 BUTLER AVE	STREET ADDRESS			
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HEZEKIAH, RANDY JR	NAME			
STREET ADDRESS	440 S WOODLAWN STREET	STREET ADDRESS			
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STOKES, ROBERT C JR	NAME			
STREET ADDRESS	271 W. KING ST.	STREET ADDRESS			
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Isabelle J Jenkins</i>		Date: <i>4-1-05</i>		Daytime Phone #: <i>904 824 3913</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	