


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000001543

1. Entity Name
SHILOH MISSIONARY BAPTIST CHURCH OF ST. AUGUSTINE, INC.



Principal Place of Business Mailing Address

**271 W KING ST
SAINT AUGUSTINE, FL 32084**

**P O BOX 1292
ST AUGUSTINE, FL 32095**



02032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number 53-3305816	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FLOYD, MOSES A JR
271 WIKING ST
SAINT AUGUSTINE, FL 32084**

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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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000475383
04/05/06-80013-011 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, ISABELLE 8 BLANCHE LN SAINT AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOKES, RENA M 788 W. 3RD ST SAINT AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, CHESTINE 960 BUTLER AVE SAINT AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEZEKIAH, RANDY JR 440 S WOODLAWN STREET SAINT AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOKES, ROBERT C JR 271 W. KING ST. SAINT AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Date: 3/12/06 Daytime Phone #: 904 824 3913

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR