

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000001543 1. Entity Name SHILOH MISSIONARY BAPTIST CHURCH OF ST. AUGUSTINE, INC.	
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Principal Place of Business 271 W KING ST SAINT AUGUSTINE, FL 32084	Mailing Address P O BOX 1292 ST AUGUSTINE, FL 32095
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DO NOT WRITE IN THIS SPACE



01262007 No Chg-NP CR2E037 (4/06)

4. FEI Number 53-3305816	Applied For <input type="checkbox"/> 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 WIKIKNG ST
SAINT AUGUSTINE, FL 32084

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, ISABELLE 9 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	

U00000632488
02/21/07-80024-013 61.25

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IN THIS SPACE**

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 officers empowered.

SIGNATURE: *Isabelle F Jenkins* *Isabelle F Jenkins* *2/8/07* *904 824 3913*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #