


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90022 021 ****61.25

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
 P O BOX 1292
 ST AUGUSTINE, FL 32095-32085

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

Zip
 Country

01062008 Chg-NP CR2E037 (12/06)

4. FEI Number
53-3305816

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent

FLOYD, MOSES A JR
~~271 W KING ST~~ *Working St.*
 SAINT AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	JENKINS, ISABELLE	
STREET ADDRESS	9 BLANCHE LN	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOKES, RENA M	
STREET ADDRESS	788 W. 3RD ST	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELL, CHESTINE	
STREET ADDRESS	960 BUTLER AVE	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEZEKIAH, RANDY JR	
STREET ADDRESS	440 S WOODLAWN STREET	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOKES, ROBERT C JR	
STREET ADDRESS	271 W. KING ST.	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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* **Isabelle F. Jenkins** **3-17-08** **9048249274**

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