2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N95000001543							03-19-2008 90022 021 ****61.25				
1. Entity Name SHILOH MISSIONARY BAPTIST CHURCH OF ST. AUGUSTINE, INC.											
Principal Place of Business			Mailing Address			• • • •	400-	-			
271 W KING ST			P 0 B0X 1292					•			
SAINT AUGUSTINE, FL 32084 ST AUGUSTINE,				TINE, FL 3 2095 32085							
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01062008	Chg-NP	CR2E03	7 (12/06)	
City & State			City & State			4. FEI Number 53-33058				—	oplied For ot Applicable
Zip	Zip Country		Zip Cc		Country		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Ad	dress of Current R	tegistered Age	<u>1</u> errit	<u> </u>	······································	7." Name and	Address of New R		<u>.</u>	
EI 01/D 14		4.			Na	Name					
FLOYD, MOSES A JR 271 WIKING ST W.King St.					Str	Street Address (P.O. Box Number is Not Acceptable)					
SAINT AUGUSTINE, FL 32084											
· '					Cit	ty			FL	Zip Cod	е
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 according to the obligations of registered agent.											and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
		/	-				•		******		
Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign F Trust Fund Contribut						cing 🔲	\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
10.		FICERS AND DIR	ECTORS		11.		ADDITIONS/CHA	NGES TO OFFICE	RS AND DIR	ECTORS IN	10
TITLE Name	D Delete				MITE					☐ Change	☐ Addition
STREET ADDRESS	JENKINS, ISABELLE ESS 9 BLANCHE LN STR					RESS					
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084										
TITLE	D Delete mu							\ \\\		☐ Change	☐ Addition
NAME STOCK ADDRESS	STOKES, RENA M			NAME							
STREET ADDRESS CITY-ST-ZIP	SS 788 W. 3RD ST SAINT AUGUSTINE, FL 32084				STREET ADD						
TITLE	D			Delete	TILE					Change	Addition
NAME	BELL, CHESTINE				* RAME			• •		C) creating	
STREET ADDRESS City-St-Zip						RESS					
TITLE	D D	NE, FL 32084		7	CITY-ST-ZIF	<u> </u>					
NAME	HEZEKIAH, RAN	DY JR	L	_ Delete	TITLE					☐ Change	Addition
STREET ADDRESS	- 440 0 440 0 70 440 0 70 777				STREET ADD	RESS					
CITY-ST-ZIP	SAINT AUGUSTI	NE, FL 32084			CITY-ST-ZIF	P					
TITLE	D D	DT O ID		Delete	TITLE					Change	Addition
NAME STREET ADDRESS	STOKES, ROBEI 271 W. KING ST.				NAME Street add	0000					
CITY-SI-ZIP	SAINT AUGUSTI				CITY-ST-ZIF	· I					
IITLE] Delete	TITLE	-	· · ·			☐ Change	☐ Addition
NAME					NAME					_ •	_
STREET ADDRESS CITY-ST-ZIP					STREET ADDI						
12. I bereby o	ertify that the informa	ation supplied with	this filing door	not quelify for the	CITY-ST-ZIF	no contained	in Chauta 115	Clasida Osas : : :			
12. I hereby certify that the information supplied with this filling 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 chapter with each or an extensive 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											
the corporation of the receiver of it using 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 F Gulling Isabelle F. Jenkins 3-17-08 9048249274											
SIGNATURE: 1 Bullium I Stabelle V. Jen Kins 317-88 944249274 SKINATURE AND TYPED DAY PROTTED NAME OF SIGNING OFFICER OR DIRECTOR Out Dayling Proms 8											17217