

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001543

FILED
Feb 19, 2009
Secretary of State

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

Current Principal Place of Business:

271 W KING ST
SAINT AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

P O BOX 1292
SAINT AUGUSTINE, FL 32085

New Mailing Address:

FEI Number: 53-3305816

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

FLOYD, MOSES A JR
271 W KING ST
SAINT AUGUSTINE, FL 32084 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

02/19/2009

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JENKINS, ISABELLE
Address: 9 BLANCHE LN
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D () Delete
Name: STOKES, RENA M
Address: 788 W. 3RD ST
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D () Delete
Name: BELL, CHESTINE
Address: 960 BUTLER AVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D () Delete
Name: HEZEKIAH, RANDY JR
Address: 440 S WOODLAWN STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D (X) Delete
Name: STOKES, ROBERT C JR
Address: 271 W. KING ST.
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JENKINS, ISABELLE F
Address: 120 OLD TOWN PKWY, UNIT 1103
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISABELLE F. JENKINS

Electronic Signature of Signing Officer or Director

D

02/19/2009

Date