

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90088 022 ****61.25

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1. Entity Name

**SHILOH MISSIONARY BAPTIST CHURCH OF ST. AUGUSTIN
E, INC.**



Principal Place of Business

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

Mailing Address

**271 W KING ST
ST AUGUSTINE FL 32095**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**STOKES, ROBERT C JR
271 WEST KING STREET
SAINT AUGUSTINE FL 32084**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **Director**

3/4/03 *90482482214*

CR2E037 (10/02)