



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

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # N97000000130 1. Entity Name SHILOH COMMUNITY DEVELOPMENT CORPORATION, INC.	
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Principal Place of Business 1350 NW 95 ST MIAMI, FL	Mailing Address 1350 NW 95 ST MIAMI, FL
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DO NOT WRITE IN THIS SPACE



04242007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	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

**JOHNSON, EDWARD
1350 NW 95TH STREET
MIAMI, FL 33147**

**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 reappointing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POWELL, D L 1350 NW 95 ST MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROUNDTREE, CLARA 1358 NW 96TH STREET MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, PHILLIP 1350 NW 95 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOVETT, BRENDA 6711 NW 29TH AVE MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCPHEE, RODERICK 1400 NW 207TH STREET MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETTAWAY, CLYDE 1350 NW 95 ST MIAMI, FL 33147

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05/17/07-80055-023 70.00

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: Brenda Lovett Brenda Lovett 4/24/07 (305) 835-8280

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