

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N97000002053

1. Entity Name

SHILOH COVENANT FELLOWSHIP OF LAKE LAND, INC.



Principal Place of Business

8660 INDIAN RIDGE TRAIL  
LAKE LAND FL 33809

Mailing Address

P.O. BOX 90874  
LAKE LAND FL 33804

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

NO-T APPLICABLE

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

BIRD, LANCE  
8660 INDIAN RIDGE TRAIL  
LAKE LAND FL 33804

Name

Merry Bird

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

8660 Indian Ridge Trail

City

Lakeland

FL

Zip Code  
33804

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

*Merry Bird*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-04

FILE NOW: FEE IS \$61.25  
Due By May 1, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	DVP BIRD, MERRY 8660 INDIAN RIDGE TRAIL LAKE LAND FL 33809	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DUNTON, BRUCE 8660 INDIAN RIDGE TRAIL LAKE LAND FL 33809	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BIRD, LANCE 8660 INDIAN RIDGE TRAIL LAKE LAND FL 33809	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Bird, Merry 8660 Indian Ridge Trail Lakeland, FL 33810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Bird, Lance 8660 Indian Ridge Trail Lakeland, FL 33810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Rau, Susan 5013 S. MacDill Ave. - Apt. 2 Tampa, FL 33611	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Coryell, Nanci 4516 Ballast Point Blvd. Tampa, FL 33611	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900035558379 05/06/04--01019--020 **105.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Merry Bird*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-04 (863) 853-5109

Date

Daytime Phone #

FILED

04 APR 29 PM 2:04

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



MOORE

CR2E037 (11/03)

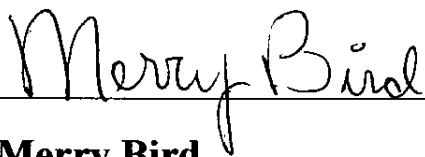
Attachment

#197000002053

**APRIL 20, 2004**

**DIVISION OF CORPORATIONS  
ANNUAL REPORT SECTION  
P.O. BOX 6850  
TALLAHASSEE, FL 32314**

**WE ARE RENEWING OUR NOT - FOR PROFIT CORPORATION  
STATUS, AMENDING THE ENTITY NAME AND REQUESTING A  
CERTIFICATE OF STATUS.**



**Merry Bird  
P.O. Box 90874  
Lakeland, Florida 33804  
(863) 853-5109**

(Requestor's Name)

(Requestor's Name)

(Address)

(Address)

(Address)

(Address)

(City/State/Zip/Phone #)

(City/State/Zip/Phone #)

☐ PICK-UP

PICK-UP

☐ WAIT

WAIT

MAIL

MAIL

(Business Entity Name)

(Business Entity Name)

(Document Number)

(Document Number)

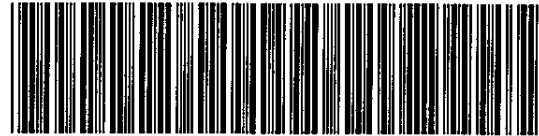
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

**Certificates of Status** \_\_\_\_\_

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05/06/04--01019--020 \*\*105.00

attachment...

**ARTICLES OF AMENDMENT**

to

#N97000002053

**ARTICLES OF INCORPORATION**

of

**Shiloh Covenant Fellowship of Lakeland Inc.**

(present name)

**N97000002053**

(Document Number of Corporation (If known))

*Pursuant to the provisions of section 617.1006, Florida Statutes, the undersigned Florida nonprofit corporation adopts the following articles of amendment to its articles of incorporation.*

**FIRST:** Amendment(s) adopted: (INDICATE ARTICLE NUMBER (S) BEING AMENDED, ADDED OR DELETED.)

**Article 1**

**SHILOH COVENANT FELLOWSHIP OF TAMPA BAY INC.**

**SECOND:** The date of adoption of the amendment(s) was: 4/20/04

**THIRD:** Adoption of Amendment (CHECK ONE)

- ☐ The amendment(s) was(were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was(were) adopted by the board of directors.

Merry Bird

Signature of Chairman, Vice Chairman, President or other officer

**Merry Bird**

Typed or printed name

**President**

Title

**4/20/04**

Date