

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002053

FILED
Mar 20, 2009
Secretary of State

Entity Name: SHILOH COVENANT FELLOWSHIP OF TAMPA BAY INC.

Current Principal Place of Business:

8660 IDIAN RIDGE TRAIL
LAKELAND, FL 33610

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 205
SUMMERVILLE, SC 29484

New Mailing Address:

FEI Number: 03-0593883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BIRD, MERRY
8660 INDIAN RIDGE TRAIL
LAKELAND, FL 33610 US

Name and Address of New Registered Agent:

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

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BIRD, MERRY
Address: 8660 INDIAN RIDGE TRAIL
City-St-Zip: LAKELAND, FL 33610

Title: DVP () Delete
Name: BIRD, LANCE
Address: 8660 INDIAN RIDGE TRAIL
City-St-Zip: LAKELAND, FL 33610

Title: DS () Delete
Name: RAU, SUSAN
Address: 2006 CEMETARY RD
City-St-Zip: HOLIDAY, FL 34690

Title: DT () Delete
Name: BIRD, JOHN W
Address: 4002 SOUTH MANHATTEN AVE. APT. 54
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change () Addition
Name: MICHELLE, MATKO
Address: 9732 LAKE CHASE ISLAND WAY
City-St-Zip: TAMPA, FL 33626

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: MERRY BIRD

DP

03/20/2009

Electronic Signature of Signing Officer or Director

Date