

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N97000002332 (1)
1. Corporation Name
SHILOH INDEPENDENT BAPTIST CHURCH, INC.



Principal Place of Business PO BOX 60744 JACKSONVILLE FL 32236-0744	Mailing Address PO BOX 60744 JACKSONVILLE FL 32236-0744
---	---

3. Date Incorporated or Qualified
04/04/1997

4. FEI Number Applied For
 Not Applicable

2. Principal Place of Business 21 <input type="checkbox"/> Suite, Apt. #, etc.	2a. Mailing Address 26 <input type="checkbox"/> Suite, Apt. #, etc.
22 <input type="checkbox"/> City & State	27 <input type="checkbox"/> City & State
23 <input type="checkbox"/> Zip	28 <input type="checkbox"/> Country
24 <input type="checkbox"/> Country	29 <input type="checkbox"/> Zip
25 <input type="checkbox"/> Country	30 <input type="checkbox"/> Zip

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**LAEGEL, ROBERT V
7822 LE MANS DRIVE
JACKSONVILLE FL 32210**

10. Name and Address of New Registered Agent
81 Name **John Crews**
82 Street Address (P.O. Box Number is Not Acceptable) **6623 Granville Place**
83

84 City Jacksonville	85 Zip Code 32205
-----------------------------	--------------------------

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *John Crews* **John Crews** DATE **3-08-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Incorporator <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Incorporator D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Laegel, Robert V	1.2 NAME	Sloan Haggarth
STREET ADDRESS	7822 Le Mans Drive	1.3 STREET ADDRESS	9668 Stamford Bridge Dr
CITY-ST-ZIP	Jacksonville FL 32210	1.4 CITY-ST-ZIP	Jacksonville, FL 32221
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Incorporator D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	John Crews
STREET ADDRESS		2.3 STREET ADDRESS	6623 Granville Place
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Jacksonville, FL 32205
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Incorporator D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Robert Burket D
STREET ADDRESS		3.3 STREET ADDRESS	4129 Subbary Ave
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Jacksonville, FL 32210
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Incorporator D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Charles Cato
STREET ADDRESS		4.3 STREET ADDRESS	3510 Crassia Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Jacksonville, FL 32254
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John C. Crews* **John Crews** DATE **3-08-98** 793-8983
Signature and typed or printed name of signing officer or director

CR2E037 (10/97)