

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N97000002541

1. Entity Name

THE SHILOH MISSIONARY BAPTIST CHURCH OF  
PAHOKEE FLORIDA, INC.



Principal Place of Business

187 W 5TH ST  
PAHOKEE, FL 33476

Mailing Address

P.O. BOX 223  
PAHOKEE, FL 33476

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

WHITE, LARRY  
168 W. MARTIN LUTHER KING BLVD.  
PAHOKEE, FL 33476

7. Name and Address of New Registered Agent

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

*Myrtice L. Cade*

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

(NOTE: Registered Agent signature required when reinstating)

11-13-06

DATE

**FILE NOW!!! FEE IS \$236.25**  
**After January 1, 2007, Fee will be \$297.50**

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
GOVAN, JEROME  
8888 SEVILLE ST  
PAHOKEE, FL 33476 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
CADE, MYRTICE  
1508 JORDAN BLVD  
PAHOKEE, FL 33476 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
EVERETT, ROBBIE  
331 E 2ND ST  
PAHOKEE, FL 33476 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
WHITE, LARRY REV  
170 W 5TH ST  
PAHOKEE, FL 33476 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SCOTT, FLINT  
616 SW 11TH ST  
BELLE GLADE, FL 33476 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LAWS, CHARLIE  
1112 GRANDVIEW CIRCLE  
WEST PALM BEACH, FL 33411 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
700081822587  
11/15/06--01049--008 \*\*236.25

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
D05-4500453-1009069796  
DEPOSIT ONLY 236.25  
11/15/06--01049--008 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
*for 11/16*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*Myrtice L. Cade*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-13-06

Daytime Phone #

FILED

06 NOV 15 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11132006

REIN-NP

CR2E099 (11/05)

02

4. FEI Number  
65-1140230

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required