## 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N97000004809

TI FILED
Jul 13, 2006
Secretary of State

Entity Name: SILOE BAPTIST CHURCH OF WEST PALM BEACH, INC.

Current Principal Place of Business: New Principal Place of Business:

718 3RD STREET 5710 HAVERHILL ROAD

WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33407

Current Mailing Address: New Mailing Address:

P.O. BOX 742273 P.O. BOX 10504

BOYNTON BEACH, FL 33474 RIVIERA BEACH, FL 33419

FEI Number: 65-0852817 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BENJAMIN, MARIE B ST-RIVAL, WILFIX
5407 CLUB CIRCLE 150 BANYAN CIRCLE
WEST PALM BEACH, FL 33415 US JUPITER, FL 33458 US

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: WILFIX ST-RIVAL 07/13/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 BENJAMIN, MARIE B
 Name:
 ST-RIVAL, WILFIX

 Address:
 5407 CLUB CIRCLE
 Address:
 150 BANYAN CIRCLE

City-St-Zip: WEST PALM BEACH, FL 33415 City-St-Zip: JUPITER, FL 33458

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: MOGENE, ATILOR Name: MOMPLAISIR, MURAT

Name: MOGENE, ATILOR Name: MOMPLAISIR, MORA
Address: 4872 CARRIBEAN BLVD Address: 401 37TH ST

City-St-Zip: WEST PALM BEACH, FL 33415 City-St-Zip: RIVIERA BEACH, FL 33404

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$ 

 Name:
 INNOCENT, JEOVA
 Name:
 SERVIUS, AMBROISE

 Address:
 5521 BOYNTON PLACE CIRCLE
 Address:
 349 DATE PALM DR

 City-St-Zip:
 BOYNTON BEACH, FL 33437
 City-St-Zip:
 LAKE PARK, FL 33403

I hereby certify that the information supplied with this filing does not qualify for the 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: WILFIX ST-RIVAL D 07/13/2006