

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90103 019 \*\*\*\*61.25

**DOCUMENT # N98000001454**

1. Entity Name

**SHILOAH CENTER FOR CHRISTIAN MINISTRIES, INC.**

Principal Place of Business

24 NE 14TH AVE  
 OCALA FL 34470

Mailing Address

24 NE 14TH AVE  
 OCALA FL 34470-6859

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3500618**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BAXLEY, MARGIE**  
**3218 SW 34TH CIR**  
**OCALA FL 34474**

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.

SIGNATURE

*Margie Baxley*

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

(NOTE: Registered Agent signature required when reinstating)

*4/19/00*

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD**  Delete  
 NAME **BAKER, CARLTON H**  
 STREET ADDRESS **P O BOX 1327**  
 CITY-ST-ZIP **WILDWOOD FL 34785**

TITLE **VPD**  Delete  
 NAME **PRINGLE, ELISABETH**  
 STREET ADDRESS **733 BOYLSTON ST**  
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **STD**  Delete  
 NAME **BAXLEY, MARGIE P**  
 STREET ADDRESS **3218 SW 34TH CIR**  
 CITY-ST-ZIP **OCALA FL 34474**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Margie Baxley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/19/00*

Date

*352-732-2590*

Daytime Phone #

C:\P2\037 (9/00)