

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001454

FILED
Apr 07, 2004
Secretary of State

Entity Name: SHILOAH CENTER FOR CHRISTIAN MINISTRIES, INC.

Current Principal Place of Business:

24 NE 14TH AVE
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

24 NE 14TH AVE
OCALA, FL 34470

New Mailing Address:

FEI Number: 59-3500618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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: PD () Delete
Name: BAKER, CARLTON H
Address: P O BOX 1327
City-St-Zip: WILDWOOD, FL 34785

Title: VPD () Delete
Name: PRINGLE, ELISABETH
Address: 733 BOYLSTON ST
City-St-Zip: LEESBURG, FL 34748

Title: STD () Delete
Name: BAXLEY, MARGIE P
Address: 3218 SW 34TH CIR
City-St-Zip: Ocala, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARGIE BAXLEY

STD

04/07/2004

Electronic Signature of Signing Officer or Director

_____ Date