2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCU 1. Entity Nam	MENT # N980000014					Secretary of State				
SHILOAH	CENTER FOR CHRISTIAN	MINISTR	ES, INC.					•		
Principal Plac	e of Business	Mailing	Address	<u></u>		_				
			14TH AVE A FL 34470							
Principal Place of Business 3. Mailin			ng Address			{		 	(ES
Suite, Apt. #, etc. Suit		e, Apt. #, etc.			1st MC	OORE	CR2E037	(10/05)		
City & State City		& State			4. FEI Number	59-350061			plied For	
Zip Country Zig		Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name and Address of Currer	t Registered	Agent			7. Name and Add	fress of New	Registered		-
BAXLEY, MARGIE 3218 SW 34TH CIR OCALA FL 34474			Street Address (s (P.O. Box Number is	Not Acceptab	 ole)		-
				}	City			 FL	Zip Cod	e .
SIGNATURE	FILE NOW: FEE IS \$61.25 Due By May 1, 2006	ent and title d equals	9. Election Ca Trust Fund	ampaign Fi		\$5.00 May Be	M Flor	lake Chec	k Payable	to State
10.	OFFICERS AND E	DIRECTORS		11.		ADDITIONS/CHANG	L LES TO OFFIC	ERS AND D	RECTORS IN	110
TITLE MAME STREET ADDRESS CHY-ST-ZIP	PD BAKER, CARLTON H P O BOX 1327 WILDWOOD FL 34785		Delete					- "	☐ Change	<u></u> βκ.
TITLE NAME STREET ADDRESS CXTY-ST-ZIP	VPD PRINGLE, ELISABETH 733 BOYLSTON ST LEESBURG FL 34748		☐ Delete		}	02	U000004 /2 3 /06-8	132034 30052-0	□ Change 16 61.29	_ □#* \$
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BAXLEY, MARGIE P 3218 SW 34TH AVE CIR OCALA FL 34474	-	☐ Delete	•	7				☐ Change	□ A''
TITLE NAME STREET AODRESS CITY-ST-ZIP			☐ Oelete		}				☐ Change	□ Act
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		- 1				☐ Change	. <u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Oelete	TIELE WAME STREE					☐ Change	□ Æ.

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes 1 turther certify that the informatic 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 direct 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 if changed, or on an attachment with an address, with all other like empowered.

FILED