


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000001454 1. Entity Name SHILOAH CENTER FOR CHRISTIAN MINISTRIES, INC.			
Principal Place of Business		Mailing Address	
24 NE 14TH AVE OCALA FL 34470		24 NE 14TH AVE OCALA FL 34470	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BAXLEY, MARGIE 3218 SW 34TH CIR OCALA FL 34474		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code
4. FEI Number 59-3500618 Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD <input type="checkbox"/> Delete NAME: BAKER, CARLTON H STREET ADDRESS: P O BOX 1327 CITY-STATE-ZIP: WILDWOOD FL 34785	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:		
TITLE: VPD <input type="checkbox"/> Delete NAME: PRINGLE, ELISABETH STREET ADDRESS: 733 BOYLSTON ST CITY-STATE-ZIP: LEESBURG FL 34748	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:		
TITLE: STD <input type="checkbox"/> Delete NAME: BAXLEY, MARGIE P STREET ADDRESS: 3218 SW 34TH AVE CIR CITY-STATE-ZIP: Ocala FL 34474	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-STATE-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:		
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1st MOORE CR2E037 (10/06)

U00000671409
03/28/07-80027-015 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Margie Baxley, Sec/Treas* 2/6/07 (352) 732-2590