

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008 08:00 A
Secretary of State

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**



01222008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
59-3500618

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
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000000833143
02/28/08-80001-006 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

1/21/08
Date

352-732-2590
Daytime Phone #