

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001704

FILED
Apr 26, 2007
Secretary of State

Entity Name: JHV-SHILOH MINISTRIES, INC.

Current Principal Place of Business:

6970 N.W. 18TH AVE
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

14501 NW 13TH RD
MIAMI, FL 33167

New Mailing Address:

FEI Number: 65-0825590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, CYNTHIA
14501 NW 13TH RD
MIAMI, FL 33167 US

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: DPT () Delete
Name: SANDERS, CLIFFORD
Address: 14501 NW 13TH RD
City-St-Zip: MIAMI, FL 33167

Title: DVS () Delete
Name: SANDERS, GRACE
Address: 14501 NW 13TH RD
City-St-Zip: MIAMI, FL 33167

Title: D () Delete
Name: MELLERSON, NATHANIEL
Address: 9345 LITTLE RIVER DR
City-St-Zip: MIAMI, FL 33151

Title: D () Delete
Name: SANDERS, CHRISTOPHER S
Address: 1850 NE 154TH TERR
City-St-Zip: N MIAMI BEACH, FL 33162

Title: D () Delete
Name: MONCOUR, PATRICIA
Address: 6970 N.W. 18 AVE
City-St-Zip: MIAMI, FL 33127

Title: D () Delete
Name: JOSEPH, JENICA
Address: 14501N. W. 13TH ROAD
City-St-Zip: MIAMI, FL 33167

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:

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 exemption stated 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 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: CLIFFORD SANDERS

DPT

04/26/2007

Electronic Signature of Signing Officer or Director

Date