

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90745 017 ****70.00

DOCUMENT # N98000003992

1. Entity Name

SHILOH LIVING WORD MINISTRY INC.



Principal Place of Business

1471 SW 5 AVE
DEERFIELD BEACH FL 33441

Mailing Address

1471 SW 5 AVE
DEERFIELD BEACH FL 33441

2. Principal Place of Business

1471 SW 5 Ave
Suite, Apt. #, etc.

3. Mailing Address

1471 SW 5th Ave
Suite, Apt. #, etc.

City & State

Deerfield Bch. FL
Zip 33441 Country USA

City & State

Deerfield Bch. FL
Zip 33441 Country USA

4. FEI Number

65-0911265

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, JOANN
1471 SW 5 AVE
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BROWN, JOANN
STREET ADDRESS SW 5TH AVENUE
CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☐ Delete

TITLE VPD
NAME CALDWELL, JUANITA
STREET ADDRESS 4780 NW 31 CT
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE DS
NAME BROWN, CHANTAL
STREET ADDRESS 1471 SW 5TH AVE
CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☐ Delete

TITLE TD
NAME GEE, BETTY
STREET ADDRESS 3121 NW 196 ST
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE T
NAME FITZPATRICK, SHAKENA
STREET ADDRESS 3121 NW 196 ST
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04 954 786-5423
Date Daytime Phone #