

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003992

FILED
Apr 18, 2005
Secretary of State

Entity Name: SHILOH LIVING WORD MINISTRY INC.

Current Principal Place of Business:

1471 SW 5 AVE
DEERFIELD BEACH, FL 33441 US

New Principal Place of Business:

Current Mailing Address:

1471 SW 5 AVE
DEERFIELD BEACH, FL 33441 US

New Mailing Address:

FEI Number: 65-0911265

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, JOANN
1471 SW 5 AVE
DEERFIELD BEACH, FL 33441 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: PD () Delete
Name: BROWN, JOANN
Address: SW 5TH AVENUE
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: VPD () Delete
Name: CALDWELL, JUANITA
Address: 4780 NW 31 CT
City-St-Zip: MIAMI, FL

Title: DS () Delete
Name: BROWN, CHANTAL
Address: 1471 SW 5TH AVE
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: TD () Delete
Name: GEE, BETTY
Address: 3121 NW 196 ST
City-St-Zip: MIAMI, FL

Title: T () Delete
Name: FITZPATRICK, SHAKENA
Address: 3121 NW 196 ST
City-St-Zip: MIAMI, FL

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOANN BROWN

PD

04/18/2005

Electronic Signature of Signing Officer or Director

Date