

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000003992**

1. Entity Name  
**SHILOH LIVING WORD MINISTRY INC.**



Principal Place of Business  
**1471 SW 5 AVE  
DEERFIELD BEACH, FL 33441 US**

Mailing Address  
**1471 SW 5 AVE  
DEERFIELD BEACH, FL 33441 US**

**DO NOT WRITE IN THIS SPACE**



03292006 No Chg-NP CR2E037 (11/05)

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**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000500973  
04/25/06-80043-006 70.00

~~U00000042074~~  
~~04/22/06-30037-014 70.00~~

**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: Joann Brown  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/06

Date

(954) 786-5423

Daytime Phone #