

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 21, 2007 8:00 am**  
**Secretary of State**

05-21-2007 90052 021 \*\*\*\*70.00

**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

**40116930**



04122007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

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, 2007**

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 ~~GALDWELL, JUANITA~~  
STREET ADDRESS ~~4700 NW 31 CT~~  
CITY-ST-ZIP ~~MIAMI, FL~~

*change vpd  
Johnny mae McCray  
9048 NW 61st street  
Tamarac, FL 33331*

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

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Joann Brown Joann Brown*

*4/18/07 (954) 421-9517*