

N99000007336  
TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

400003035104-9  
-11/04/99-01062--002  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Shiloh Missionary Baptist Church, Incorporated  
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00  
Filing Fee

\$78.75  
Filing Fee &  
Certificate of  
Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Ernest F. Sheffield  
Name (Printed or typed)

543 S. Dr. Martin Luther King Blvd.  
Address

Daytona Beach, FL 32114  
City, State & Zip

(904) 255-8834  
Daytime Telephone number

99 DEC 13 AM 8:10  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

W99-25657

K. Rolfe DEC 14 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

November 5, 1999

ERNEST F. SHEFFIELD  
543 S DR MARTIN LUTHER KING BLVD  
DAYTONA BEACH, FL 32114

SUBJECT: SHILOH MIISIONARY BAPTIST CHURCH, INCORPORATED  
Ref. Number: W99000025657

We have received your document for SHILOH MIISIONARY BAPTIST CHURCH, INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

The document must have original signatures.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6924.

Kimberly Rolfe  
Corporate Specialist Supervisor

Letter Number: 999A00053701

*Smcc of DB, dne.*

**ARTICLES OF INCORPORATION**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

**ARTICLE I NAME**

The name of the corporation shall be:

Shiloh Missionary Baptist Church of Daytona Beach, Incorporated

**ARTICLE II PRINCIPAL OFFICE**

543 S. Dr. Martin Luther King Boulevard  
Daytona Beach, Florida 32114  
(904) 255-8834

**ARTICLE III PURPOSE**

The purpose of this church shall be for the advancement of God's kingdom on earth, to glorify Him by discipling its membership and helping meet the spiritual, moral, social and economic welfare of its members and the community.

**ARTICLE IV MANNER OF ELECTION OF DIRECTORS**

The Trustees/Directors are appointed by the Pastor of the church

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS**

Ernest F. Sheffield  
1160 Edith Drive  
Daytona Beach, Florida 32114

99 DEC 13 AM 8:10  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE VI INCORPORATORS

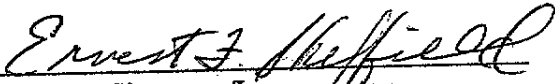
Hill, Nelson, Chairman  
624 Willie Drive  
Daytona Beach, Florida 32114

Bethel, William, Co-Chair  
1057 Continental Drive  
Daytona Beach, Florida 32117

Brazill, Nathaniel, Treasurer  
1163 Margina Avenue  
Daytona Beach, Florida 32114

Harden, Bernette, Secretary  
16 Cardinal Estates Boulevard  
Daytona Beach, Florida 32117

Sanders, Sr., Robert, Chaplain  
620 Whitehall Street  
Daytona Beach, Florida 32114

  
Signature/Incorporator

12-10-99  
Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
Signature/Registered Agent

12-10-99  
Date

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA