

**2000 UNIFORM BUSINESS REPORT (COR)**

3/2/00-90073-030-\$61.25-\$61.25

**DOCUMENT # N99000007336**

**FILED**

1. Entity Name

**SHILOH MISSIONARY BAPTIST CHURCH OF DAYTONA BEAC**

**00 MAR 20 AM 11:31**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business <b>543 S DR MARTIN LUTHER KING BLVD DAYTONA BEACH FL 32114</b>	Mailing Address <b>543 S DR MARTIN LUTHER KING BLVD DAYTONA BEACH FL 32114</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State			
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SHEFFIELD, ERNEST F 1160 EDITH DRIVE DAYTONA BEACH FL 32114</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	<b>FL</b>	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.

SIGNATURE: **Ernest F. Sheffield, Pastor** DATE: **2/17/00**  
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**

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

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>Chairman</b> <input checked="" type="checkbox"/> Delete	NAME <b>Nelson Hill</b>	TITLE <b>Chairman</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>Brian Jackson (T)</b>
STREET ADDRESS <b>624 Willie Drive</b>	CITY-ST-ZIP <b>Daytona Beach, FL 32114</b>	STREET ADDRESS <b>563 Cedar Street</b>	CITY-ST-ZIP <b>Daytona Beach, FL 32114</b>
TITLE <b>Co-Chair</b> <input type="checkbox"/> Delete	NAME <b>William Bethel</b>	TITLE <b>Co-Chairman</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>William Bethel (T)</b>
STREET ADDRESS <b>1057 Continental Drive</b>	CITY-ST-ZIP <b>Daytona Beach, FL 32117</b>	STREET ADDRESS <b>1057 Continental Drive</b>	CITY-ST-ZIP <b>Daytona Beach, FL 32114</b>
TITLE <b>Treasurer</b> <input type="checkbox"/> Delete	NAME <b>Nathaniel Brazill (T)</b>	TITLE <b>Treasurer</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>Nathaniel Brazill (T)</b>
STREET ADDRESS <b>1163 Margina Avenue</b>	CITY-ST-ZIP <b>Daytona Beach, FL 32114</b>	STREET ADDRESS <b>1163 Margina Avenue</b>	CITY-ST-ZIP <b>Daytona Beach, FL 32114</b>
TITLE <b>Chaplain</b> <input type="checkbox"/> Delete	NAME <b>Robert Sanders, Sr. (T)</b>	TITLE <b>Chaplain</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>Robert Sanders, Sr. (T)</b>
STREET ADDRESS <b>620 Whitehall Street</b>	CITY-ST-ZIP <b>Daytona Beach, FL 32114</b>	STREET ADDRESS <b>620 Whitehall Street</b>	CITY-ST-ZIP <b>Daytona Beach, FL 32114</b>
TITLE <b>Secretary</b> <input type="checkbox"/> Delete	NAME <b>Bernette Harden (T)</b>	TITLE <b>Secretary</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>Bernette Harden (T)</b>
STREET ADDRESS <b>16 Cardinal Estates Blvd.</b>	CITY-ST-ZIP <b>Daytona Beach, FL 32114</b>	STREET ADDRESS <b>16 Cardinal Estates Blvd.</b>	CITY-ST-ZIP <b>Daytona Beach, FL 32114</b>
TITLE <b>KE</b> <input type="checkbox"/> Delete	NAME <b>KE</b>	TITLE <b>KE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>KE</b>

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: *Ernest F. Sheffield* DATE: **2-21-00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)