

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Amended

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name
12970000450
Accucam Machining Co.

APPROVED AND FILED

98 DEC -8 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
151 S.W. 96 Terr P.O. Box 4059
Pembroke Pines, FL 33025 Hialeah, FL 33014

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	4. FEI Number	Applied For
MAY 8, 1997	65-0753297	Not Applicable
5. Certificate of Status Desired	8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No	

9. Name and Address of Current Registered Agent
Rodolfo Barrios
151 S.W. 96 Terr.
Pembroke Pines, FL 33025

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE 9-17-98
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
President	Rodolfo Barrios	151 S.W. 96 Terr.	Pembroke Pines, FL 33025
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
Vice President	Javier Hernandez	4935 S.W. 98 AVE. RD.	Miami, FL 33165
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
400002713724-5			
12/15/98-01102-003			
*****61.25			
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE 9-17-98 954-432-4139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)

FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

98 DEC -8 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002053

1. Corporation Name

SHILOH COVENANT FELLOWSHIP OF LAKELAND, INC.

Principal Place of Business
(Church)
Lakeland, FL
(8660 Indian Ridge Trail)
(No Mail recepticle here)

Mailing Address
P.O.Box 90874
Lakeland, FL 33804

3. Date Incorporated or Qualified
April 11, 1997

4. FEI Number
Not Applicable

Applied For
☒ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BIRD, LANCE
P.O. BOX 90874 (8660 Indian Ridge Trail)
LAKELAND, FLORIDA 33804

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Signature, name and title of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Nov. 30, 1998

DATE

12. OFFICERS AND DIRECTORS

TITLE D	Vice President	<input type="checkbox"/> DELETE
NAME	Bird, Merry	
STREET ADDRESS	8660 Indian Ridge Trail	
CITY-ST-ZIP	Lakeland, FL 33809	
TITLE D	Vice President	<input type="checkbox"/> DELETE
NAME	Bruce Dunton	
STREET ADDRESS	8660 Indian Ridge Trail	
CITY-ST-ZIP	Lakeland, FL 33809	
TITLE D	President	<input type="checkbox"/> DELETE
NAME	Bird, Lance	
STREET ADDRESS	8660 Indian Ridge Trail	
CITY-ST-ZIP	Lakeland, FL 33809	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	600002713726-8
1.3 STREET ADDRESS	-12/15/98-01102-004
1.4 CITY-ST-ZIP	*****61.25 *****61.25
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 30, 1998 (941-853-5109)

Date

Daytime Phone #

CR2E037 (10/97)