

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007986

Entity Name: SHILOH FAMILY WORSHIP CENTER OF THE PALM BEACHES, INC**FILED**
Apr 30, 2014
Secretary of State
CC4722866995**Current Principal Place of Business:**2275 PALM BEACH LAKES BLVD
A
WEST PALM BEACH, FL 33409**Current Mailing Address:**P.O. BOX 17498
WEST PALM BEACH, FL 33416**FEI Number: 20-1489693****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WRIGHT, CHARLOTTE R
3270 TURTLE COVE
WEST PALM BEACH, FL 33409 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	WRIGHT, ANTOINNE J
Address	3270 TURTLE COVE
City-State-Zip:	WEST PALM BEACH FL 33411

Title	VD
Name	JOHNSON, SYLVESTER JR.
Address	11511 NW 15TH STREET
City-State-Zip:	PEMBROKE PINES FL 33026

Title	SD
Name	BENNETT, ROSALIND
Address	719 59 ST
City-State-Zip:	WEST PALM BEACH FL 33407

Title	D
Name	GARCIA, TANNYA N
Address	4945 PIMLICO COURT
City-State-Zip:	WPB FL 33415

Title	D
Name	BYRD, ANNIE C
Address	1940 NW 119TH ST., APT. 803
City-State-Zip:	MIAMI FL 33167

Title	D
Name	JAMES, KEVIN DR.
Address	10422 - 153RD COURT NORTH
City-State-Zip:	JUPITER FL 33478

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANTOINNE WRIGHT**DIRECTOR****04/30/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date