

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000001454

**FILED  
Apr 02, 2014  
Secretary of State  
CC9410753842**

**Entity Name:** SHILOAH CENTER FOR CHRISTIAN MINISTRIES, INC.

**Current Principal Place of Business:**

24 NE 14TH AVE  
OCALA, FL 34470

**Current Mailing Address:**

24 NE 14TH AVE  
OCALA, FL 34470

**FEI Number: 59-3500618**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BAXLEY, MARGIE  
3218 SW 34TH AVE CIR  
OCALA, FL 34474 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 BAKER, CARLTON H  
Address P O BOX 1327  
City-State-Zip: WILDWOOD FL 34785

Title VPD  
Name PRINGLE, ELISABETH  
Address 733 BOYLSTON ST  
City-State-Zip: LEESBURG FL 34748

Title STD  
Name BAXLEY, MARGIE P  
Address 3218 SW 34TH AVE CIR  
City-State-Zip: Ocala FL 34474

*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: MARGIE BAXLEY**

**SEC/TRES**

**04/02/2014**

Electronic Signature of Signing Officer/Director Detail

Date