## 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.

SEC/TRES

SIGNATURE: MARGIE BAXLEY

Electronic Signature of Signing Officer/Director Detail

## Of

Officer/Director Detail :			
Title	PD	Title	VPD
Name	BAKER, CARLTON H	Name	PRINGLE, ELISABETH
Address	P O BOX 1327	Address	733 BOYLSTON ST
City-State-Zip:	WILDWOOD FL 34785	City-State-Zip:	LEESBURG FL 34748
Title	STD		
Name	BAXLEY, MARGIE P		
Address	3218 SW 34TH AVE CIR		
City-State-Zip:	OCALA FL 34474		

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.

## FEI Number: 59-3500618

**Current Mailing Address:** 

DOCUMENT# N98000001454

**Current Principal Place of Business:** 

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

24 NE 14TH AVE OCALA, FL 34470

24 NE 14TH AVE OCALA, FL 34470

BAXLEY, MARGIE 3218 SW 34TH AVE CIR OCALA, FL 34474 US

SIGNATURE:

Entity Name: SHILOAH CENTER FOR CHRISTIAN MINISTRIES, INC.

## FILED Apr 18, 2017 Secretary of State CC3638155386

Certificate of Status Desired: No

04/18/2017

Date

Date