

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F23000004406

**Entity Name:** SHILOH MILITARY MINISTRIES, INC**Current Principal Place of Business:**5650 MIDFIELDER DR  
PENSECOLA, FL 32526**Current Mailing Address:**PO BOX 102  
WOODLAWN, TN 37191 US**FEI Number: 86-3650727****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**CASSIDY, PAUL  
5650 MIDFIELDER DR  
PENSECOLA, FL 32526 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	C
Name	PERNULA, ELLIOT
Address	1126 MONTCLAIR DR
City-State-Zip:	HINESVILLE GA 31313

Title	S
Name	DAVIS, ADAM
Address	425 DEEPWOOD TRAIL
City-State-Zip:	CLARKSVILLE TN 37042

Title	BM
Name	CRAWLEY, TIM
Address	91-073 PARISH DR
City-State-Zip:	EWA BEACH HI 96706

Title	P
Name	GROVES, LANNY J
Address	2930 DOTSONVILLE RD
City-State-Zip:	CLARKSVILLE TN 37042

Title	T
Name	FRITZLAN, BOB
Address	1960 J MADISON ST STE #311
City-State-Zip:	CLARKSVILLE TN 37043

Title	PASTORAL CARE
Name	MELIN, DANNY CHAPLAIN (MAJ)
Address	7101 OSBALDO DRIVE
City-State-Zip:	KILLEEN TX 76542

*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: LANNY GROVES****EXECUTIVE DIRECTOR****02/06/2024**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date