

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90182 014 \*\*\*\*61.25



MOORE CR2E037 (11/03)

**DOCUMENT # N03000006891**

1. Entity Name

**SHEKINAH HARVEST BREAKTHROUGH CHURCH  
INTERNATIONAL MINISTRIES, INC.**

Principal Place of Business

P.O. BOX 290887  
TAMPA FL 33687

Mailing Address

P.O. BOX 290887  
TAMPA FL 33687

2. Principal Place of Business

**MORT PARK / Recreation CTR**

3. Mailing Address

**P.O. box 290887**

Suite, Apt. #, etc.

**N/A**

Suite, Apt. #, etc.

**N/A**

City & State

**LUTZ, FL**

City & State

**Tampa, FL 33687**

Zip

**33549**

Country

**U.S.A**

Zip

**N/A**

Country

**U.S.A**

6. Name and Address of Current Registered Agent

**ACCOUNTING & BUSINESS SOLUTIONS, INC.  
9951 ATLANTIC BLVD.  
SUITE 418  
JACKSONVILLE FL 32225**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**9951 Atlantic Blvd Suite 418**

City

**Jacksonville**

FL

Zip Code

**32225**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Andrea Rush**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **04/30/04**

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                                 |                                 |
|----------------|---------------------------------|---------------------------------|
| TITLE          | <b>D</b>                        | <input type="checkbox"/> Delete |
| NAME           | <b>ELIAM, DEANO</b>             |                                 |
| STREET ADDRESS | <b>810 CARRIE STREET</b>        |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32209</b>    |                                 |
| TITLE          | <b>D</b>                        | <input type="checkbox"/> Delete |
| NAME           | <b>ELIAM, SONYA</b>             |                                 |
| STREET ADDRESS | <b>810 CARRIE STREET</b>        |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32209</b>    |                                 |
| TITLE          | <b>D</b>                        | <input type="checkbox"/> Delete |
| NAME           | <b>RHODES, TONY</b>             |                                 |
| STREET ADDRESS | <b>911 HERITAGE LAKES DRIVE</b> |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32218</b>    |                                 |
| TITLE          |                                 | <input type="checkbox"/> Delete |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY-ST-ZIP    |                                 |                                 |
| TITLE          |                                 | <input type="checkbox"/> Delete |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY-ST-ZIP    |                                 |                                 |
| TITLE          |                                 | <input type="checkbox"/> Delete |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY-ST-ZIP    |                                 |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Deano Elia**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/30/04 813-266-267**

Date Daytime Phone #