2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006891

Current Principal Place of Business:

FILED Jan 30, 2008 Secretary of State

Entity Name: SHEKINAH HARVEST BREAKTHROUGH CHURCH INTERNATIONAL MINISTRIES, INC.

N. FLORIDA AVE N/A TAMPA, FL 33549 US

Current Mailing Address: New Mailing Address:

P.O. BOX 290887 TAMPA, FL 33687 US

FEI Number: 20-0149930 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

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

OKL.

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

New Principal Place of Business:

 Title:
 D () Delete
 Title:
 D (X) Change () Addition

 Name:
 ELIAM, DEANO
 Name:
 ELIAM, DEANO

 Address:
 810 CARRIE STREET
 Address:
 P. O. BOX 290887

 City-St-Zip:
 JACKSONVILLE, FL 32209
 City-St-Zip:
 TAMPA, FL 33687

Title: D () Delete Title: D (X) Change () Addition Name: ELIAM, SONYA Name: ELIAM, SONYA

 Name:
 ELIAM, SONYA
 Name:
 ELIAM, SONYA

 Address:
 810 CARRIE STREET
 Address:
 P. O. BOX 290887

 City-St-Zip:
 JACKSONVILLE, FL 32209
 City-St-Zip:
 TAMPA, FL 33687

Title: D (X) Delete Title: () Change () Addition

 Name:
 RHODES, TONY
 Name:

 Address:
 911 HERITAGE LAKES DRIVE
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32218
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DEANO ELIAM D 01/30/2008