


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90057 018 ****61.25

DOCUMENT # N04000011646

1. Entity Name
SHEKINAH CHURCH OF GOD, INC.



Principal Place of Business
**101 N.E. 31ST STREET
 POMPAÑO BEACH, FL 33064**

Mailing Address
**101 N.E. 31ST STREET
 POMPAÑO BEACH, FL 33064**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent
**ROSEME, ROBERT
 101 N.E. 31ST STREET
 POMPAÑO BEACH, FL 33064**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEME, ROBERT REV.	NAME	
STREET ADDRESS	101 N.E. 31ST STREET	STREET ADDRESS	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33064	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEME, DIEUMENE	NAME	
STREET ADDRESS	101 N.E. 31ST STREET	STREET ADDRESS	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33064	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSEME, JEAN	NAME	
STREET ADDRESS	101 N.E. 31ST STREET	STREET ADDRESS	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33064	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEME, DIEUMETTE	NAME	
STREET ADDRESS	101 N.E. 31ST STREET	STREET ADDRESS	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33064	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUGUSTIN, AMELIC	NAME	
STREET ADDRESS	101 N.E. 31ST STREET	STREET ADDRESS	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33064	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

40020479



02092005 Chg-NP CR2E037 (10/03)

4. FEI Number **24-313-7628** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

FL Zip Code