

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011646

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: SHEKINAH CHURCH OF GOD, INC.

**Current Principal Place of Business:**

1200 NW 19TH STREET  
N/A  
FORT-LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

101 N.E. 31ST STREET  
POMPANO BEACH, FL 33064

**New Mailing Address:**

FEI Number: 24-3137628      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

ROSEME, ROBERT  
101 N.E. 31ST STREET  
POMPANO BEACH, FL 33064      US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: ROSEME, ROBERT REV.  
Address: 101 N.E. 31ST STREET  
City-St-Zip: POMPANO BEACH, FL 33064

Title: TRES      ( ) Delete  
Name: ROSEME, DIEUMENE  
Address: 101 N.E. 31ST STREET  
City-St-Zip: POMPANO BEACH, FL 33064

Title: MEMB      ( ) Delete  
Name: ROSEME, JEAN  
Address: 101 N.E. 31ST STREET  
City-St-Zip: POMPANO BEACH, FL 33064

Title: SECR      ( ) Delete  
Name: ROSEME, DIEUMETTE  
Address: 101 N.E. 31ST STREET  
City-St-Zip: POMPANO BEACH, FL 33064

Title: MEMB      ( ) Delete  
Name: AUGUSTIN, AMELIC  
Address: 101 N.E. 31ST STREET  
City-St-Zip: POMPANO BEACH, FL 33064

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
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: ROBERT ROSEME

PD

03/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date