

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morahan
Secretary of State
DIVISION OF CORPORATIONS

ACCEPTED
AND
FILED

DOCUMENT # N38548 (6)

1. Corporation Name

SHEKINAH CHRISTIAN FELLOWSHIP, INC.

50 MAY - 1 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
PO BOX 77-0518 CORAL SPGS FL 33077-0518 US	PO BOX 77-0518 CORAL SPGS FL 33077-0518 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/08/1990	3a. Date of Last Report 04/14/1994
4. FEI Number 65-0199228	Applied For Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
State, Apt # etc	State, Apt #, etc
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
25	30

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MAC INTYRE, PAMELA 9135 N.W. THIRD COURT CORAL SPRINGS FL 33071				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0509, Florida Statutes.

SIGNATURE _____ (Signature typed or printed name of registered agent and the Corporation) _____ (Signature typed or printed name of registered agent and the Corporation) _____ (Signature typed or printed name of registered agent and the Corporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAC INTYRE, CHARLES	12 NAME	
STREET ADDRESS	9135 N.W. THIRD COURT	13 STREET ADDRESS	
CITY, ST, ZIP	CORAL SPRINGS FL	14 CITY, ST, ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAC INTYRE, PAMELA	22 NAME	
STREET ADDRESS	9135 N.W. THIRD COURT	23 STREET ADDRESS	
CITY, ST, ZIP	CORAL SPRINGS FL	24 CITY, ST, ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEST, SHARON	32 NAME	
STREET ADDRESS	5106 NW 51ST AVE.	33 STREET ADDRESS	
CITY, ST, ZIP	CORAL SPGS FL	34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *Charles MacIntyre*
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR