

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000013094

**Entity Name:** SHALOM MINISTRY CORPORATION**Current Principal Place of Business:**420 N.W. 65TH AVE  
PLANTATION, FL 33317**Current Mailing Address:**420 N.W. 65TH AVE  
PLANTATION, FL 33317 US**FEI Number:** 92-1233311**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SINGH, DORIS  
420 N.W. 65TH AVE  
PLANTATION, FL 33317 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                     |
|-----------------|---------------------|
| Title           | P                   |
| Name            | SINGH, DORIS E      |
| Address         | 420 N.W. 65TH AVE   |
| City-State-Zip: | PLANTATION FL 33317 |

|                 |                     |
|-----------------|---------------------|
| Title           | TREA                |
| Name            | SINGH, MAYA E       |
| Address         | 420 N.W. 65TH AVE   |
| City-State-Zip: | PLANTATION FL 33317 |

|                 |                          |
|-----------------|--------------------------|
| Title           | VP                       |
| Name            | FLEURJUSTE, REBEKA L     |
| Address         | 4782 SW 39TH AVE         |
| City-State-Zip: | FORT LAUDERDALE FL 33312 |

|                 |                     |
|-----------------|---------------------|
| Title           | SECR                |
| Name            | SINGH, ZECHARIAH D  |
| Address         | 420 N.W. 65TH AVE   |
| City-State-Zip: | PLANTATION FL 33317 |

*I hereby 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 all other like empowered.*

**SIGNATURE:** DORIS SINGH**PRESIDENT****03/23/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date