## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99000002988

FILED May 03, 2007 Secretary of State

Entity Name: SHEKINAH OUTREACH INTERNATIONAL MINISTRIES INC.

Current Principal Place of Business: New Principal Place of Business:

4900 BIRCHSTONE LANE 3020 PALERMO CT

ORLANDO, FL 32829 MOUNT DORA, FL 32757

Current Mailing Address: New Mailing Address:

PO BOX 780278 PO BOX 244

ORLANDO, FL 32868 MOUNT DORA, FL 32756

FEI Number: 11-3323061 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

COPELAND, KAREN CPA 261 PLAZA DRIVE SUITE A OVIEDO, FL 32765 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:

\L. \_\_\_\_\_

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 RAMPERSAD, ROBIN
 Name:
 RAMPERSAD, ROBIN

 Address:
 4900 BIRCHSTONE LANE
 Address:
 3020 PALERMO CT

Address: 4900 BIRCHSTONE LANE Address: 3020 PALERMO CT
City-St-Zip: ORLANDO, FL 32829 City-St-Zip: MOUNT DORA, FL 32757

Title: VPRE ( ) Delete Title: VPRE (X) Change ( ) Addition Name: RAMPERSAD, CHRISTINA Name: RAMPERSAD, CHRISTINA

Address: 4900 BIRCHSTONE LANE Address: 3020 PALERMO CT
City-St-Zip: ORLANDO, FL 32829 City-St-Zip: MOUNT DORA, FL 32757

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 LEACH, BARBARA
 Name:

 Address:
 1018 PALM COVE DRIVE
 Address:

 City-St-Zip:
 ORLANDO, FL 32835
 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: CHRISTINA RAMPERSAD VPRE 05/03/2007