2001 UNIFORM BUSINESS REPORT (UBR)

5/3

FILED
Jul 10, 2001 8:00 am
Secretary of State
05-03-2001 90995 047 ****61.25

DOCUMENT # N00000001262

1. Entity Name
SHEKINAH HOLY SANCTUARY INC.

Principal Place of Business	Mailing Address
5005 W. Silver Star Rd. ORLANDO, FLORIDA 32808 Site B	

2. Principal Place of Business	3. Mailing Address
5005 W Silver Star Rd.	
Suite, Apt. #, etc. Suite B	Suite, Apt. #, etc.
City & State Orlando, Florida	City & State
Zip 32808 Country USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3706485 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Donald S. Lofton. 272 Oriental Point ALTAMONTE SPRINGS, FL. 32701	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to: Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Director Donald S. Lofton 272 Oriental Point ALTAMONTE Springs Florida 32701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Director Carla M. Thomas. PO Box 160005 ALTAMONTE SPGS, FL. 32716 32716	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Director Carla M. Thomas PO Box 160005 ALTAMONTE SPRINGS, FL 32716	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NONE	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NONE	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NONE	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/00)

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: Donald S. Lofton Donald S. Lofton 2/1/01 407 290 1172
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

Revised on 7/7/01
for (3) Directors.