

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 14, 2001 8:00 am
Secretary of State

05-16-2001 90054 008 ****61.25

09-14-2001 90013 006 ****61.25

DOCUMENT # N00000001360

1. Entity Name

SHEKINAH GLORY DELIVERANCE MINISTRIES, INC.

Principal Place of Business

17450 SW 296TH STREET
MIAMI FL 33030

Mailing Address

17450 SW 296TH STREET
MIAMI FL 33030

2. Principal Place of Business

1055 N.W. 62 ST.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Homestead, Florida

4. FEI Number

65-0994241

Applied For

Not Applicable

Zip

33150

Country

USA

Zip

33030

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SORRELLS-BROWN, CASSIE DR
17450 SW 296TH STREET
MIAMI FL 33030

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SORRELLS-BROWN, CASSIE DR	
STREET ADDRESS	17450 SW 296TH STREET	
CITY-ST-ZIP	MIAMI FL 33030	
TITLE	D	<input type="checkbox"/> Delete
NAME	EASTERLING, SUSIE	
STREET ADDRESS	2515 NW 107TH STREET	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCUTCHENG, VENUS	
STREET ADDRESS	18200 NW 20 AVE, #12	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

DORRELLS-BROWN, CASSIE DR

8/31/01 (305)248-4886

CR2E037 (5/01)