

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

APPROVED  
AND  
FILED

06 SEP 15 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N00000001360</b> 1. Entity Name <b>SHEKINAH GLORY DELIVERANCE MINISTRIES, INC.</b>	
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Principal Place of Business <b>1055 NW 62ND ST MIAMI, FL 33150</b>	Mailing Address <b>17450 SW 296TH STREET HOMESTEAD, FL 33030</b>
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**DO NOT WRITE IN THIS SPACE**



07242006 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0994241</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ **100079940891**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) **09/15/06--01018--06 \$8.75**

<b>Filing Fee is \$61.25 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

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

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Dr. Cassie Sorrells-Brown **Dr. Cassie Sorrells-Brown** 8/6/06 (305) 248-4886  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

8/15/06