2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000001360

FILED Apr 30, 2009 Secretary of State

Entity Name: SHEKINAH GLORY DELIVERANCE MINISTRIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 1055 NW 62ND ST MIAMI, FL 33150 **Current Mailing Address: New Mailing Address:** 17450 SW 296TH STREET HOMESTEAD, FL 33030 FEI Number: 65-0994241 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SORRELLS-BROWN, CASSIE DR 17450 SW 296TH STREET MIAMI, FL 33030 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PTSD () Change () Addition () Delete SORRELLS-BROWN, CASSIE DR Name: Name: Address: 17450 SW 296TH STREET Address: City-St-Zip: MIAMI, FL 33030 City-St-Zip: Title: () Delete Title: () Change () Addition EASTERLING, SUSIE Name: Name: Address: 2515 NW 107TH STREET Address: City-St-Zip: MIAMI, FL 33167 City-St-Zip: Title: () Delete Title: () Change () Addition WARD, SHENEQUA Name: Name: 3351 NW 189TH STREET Address: Address: City-St-Zip: MIAMI, FL 33056 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: DR. CASSIE SORRELLS-BROWN PSTD 04/30/2009