

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

09-11-2003 90096 044 \*\*\*\*61.25

**DOCUMENT # N00000001360**

1. Entity Name

**SHEKINAH GLORY DELIVERANCE MINISTRIES, INC.**



Principal Place of Business

**1055 NW 62ND ST  
MIAMI FL 33150**

Mailing Address

**17450 SW 296TH STREET  
HOMESTEAD FL 33030**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0994241**

Applied For  
Not Applicable

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/03**

**(35) 248-4886**

CR2E037 (10/02)