

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State
 03-05-2001 90006 033 ****70.00

DOCUMENT # N00000006217

1. Entity Name

THE SANCTUARY OF SHEKINAH INC.

Principal Place of Business

**3701 BROADWAY
 W. PALM BEACH FL 33407**

Mailing Address

**PO BOX 17023
 W. PALM BEACH FL 33416**

2. Principal Place of Business

Same

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1047193

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**A.R. WILSON, LAFAWN
 3701 BROADWAY
 W. PALM BEACH FL 33407**

7. Name and Address of New Registered Agent

Name

Same

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**

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

TITLE PD ☐ Delete
 NAME A.R. Wilson, LaFawn
 STREET ADDRESS 3701 BROADWAY
 CITY-ST-ZIP WEST PALM BEACH, FL. 33407

TITLE VPT ☐ Delete
 NAME Hall, Samantha
 STREET ADDRESS 524 S/W 8th STREET
 CITY-ST-ZIP Belle Glade, FL. 33430

TITLE ST ☐ Delete
 NAME Mapps, Jacqueline
 STREET ADDRESS 1070 West 4th STREET
 CITY-ST-ZIP RIVIERA BEACH, FL. 33404

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS Same
 CITY-ST-ZIP

TITLE VPT ☐ Change ☒ Addition
 NAME Hall, Samantha
 STREET ADDRESS 524 S/W 8th STREET
 CITY-ST-ZIP BELLE GLADE, FL. 33430

TITLE ST ☐ Change ☒ Addition
 NAME Mapps, Jacqueline
 STREET ADDRESS 1070 West 4th STREET
 CITY-ST-ZIP RIVIERA BEACH, FL. 33404

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

5/1/2001 361-707-5683

CR2E037 (10/00)