

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

0033716

**DOCUMENT # N00000006217**

1. Entity Name

**THE SANCTUARY OF SHEKINAH INC.**

04-09-2002 90766 004 \*\*\*\*70.00

Principal Place of Business Mailing Address  
**3701 BROADWAY PO BOX 17023**  
**W. PALM BEACH FL 33407 W. PALM BEACH FL 33416**

2. Principal Place of Business  
**68 W. 11TH ST.**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**RIVIERA BEACH, FL.**

City & State

4. FEI Number  
**65-1047193**

Applied For  
 Not Applicable

Zip Country  
**33404 PALM BEACH**

Zip Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
**A.R. WILSON, LAFAWN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**40 W. 11TH ST.**

City Zip Code  
**RIVIERA BEACH, FL 33404**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPT ☐ Delete  
 NAME HALL, SAMANTHA  
 STREET ADDRESS 524 SW 8TH STREET  
 CITY-ST-ZIP BELLE GLADE FL 33430

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

TITLE ST ☐ Delete  
 NAME MAPPS, JACQUELINE  
 STREET ADDRESS 1070 WEST 4TH STREET  
 CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE ☐ Change ☐ Addition  
 NAME ST MAPPS, JACQUELINE (SAME)  
 STREET ADDRESS 1070 W. 4TH ST.  
 CITY-ST-ZIP RIVIERA BEACH, FL. 33404

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

TITLE ☐ Change ☐ Addition  
 NAME PD WILSON, A.R. LAFAWN  
 STREET ADDRESS 40 W. 11TH ST.  
 CITY-ST-ZIP RIVIERA BEACH, FL. 33404

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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

3/2/02

Date Daytime Phone #

CR2E037 (9/01)