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

DOCUMENT # N0100002764

1. Entity Name

SHEKINAH GLORY MEDIA, ARTS, AND DRAMA VOC-TECH S CHOOL, INC.

changed, or on an attachment with an address, with all other like empowered.



Principal Place of Business Mailing Address 3214 ORANGE CENTER BLVD 3214 ORANGE CENTER BLVD SUITE I SUITE I ORLANDO FL 32805 ORLANDO FL 32805 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number 59-3744804 City & State Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SOUTHWARD, KENNETH Street Address (P.O. Box Number is Not Acceptable) 818 E 7TH STREET SANFORD FL 32771 City 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 Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD ☐ Addition ☐ Delete TITLE Change SOUTHWARD, KENNETH NAME STREET ADDRESS 818 E 7TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32771 ☐ Delete Change Addition NAME FARMER, CLARA NAME STREET ADDRESS **607 HICKORY AVENUE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32771 TITLE ☐ Delete TITLE ☐ Change Addition WILLIAMS, LOUVALLIES NAME NAME STREET ADDRESS STREET ADDRESS 6512 JOHN ALDER WAY CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32818 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

FILED

06-26-2003 90038 009 ****70.00

Jun 26, 2003 8:00 am Secretary of State

EFOXIKED at Southward 3-21-03 407-491-4883

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

Attachmen

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

UNIFORM BUSINESS REPORT (UBR)					
DOCUMENT # NO100002764 1. Entity Name SHEKINAH GLORY MEDIA, ARTS, AND DRAMA-VOC-TECH S CHOOL, INC.					
Principal Place of Business 3214 ORANGE CENTER BLVD SUITE I ORLANDO FL 32805		Mailing Address 3214 ORANGE CENTER BLVD SUITE I ORLANDO FL 32805	18. Post Side	80125	1842
2. Principal Place of Business		3. Mailing Address			11 24
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-3744804	Applied For Mit Applicab
Zlp	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Name and Address of Current Registered Agent 7. Name and					istered Agent (1)
Southward, Kenneth 818 e 7th Street			Name		拉美
			Street Address	s (P.O. Box Number is Not Acceptable)	112 403 807
SANFORD FL 32771		Clar		Zip Code	
			City		
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 title it applicable. (NOTE: Registered Agent signature required when reinstelling) DATE					
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Added to Fees Added to Fees Florida Department of State					
10.	OFFICERS AND DIR		11.	ADDITIONS/CHANGES TO OFFICERS	
NAME TITLE	PD SOUTHWARD, KENNETH	☐ Delete	MAME		Change Addition
STREET ADDRESS CITY-ST-ZIP	818 E 7TH STREET SANFORD FL 32771		STREET ADDRESS CHY-ST-ZIP		e demonstration
TITLE	DD	☐ Delete	IIILE		☐ Change ☐ Addition
STREET ADDRESS	FARMER, CLARA 607 HICKORY AVENUE	·	STREET ADDRESS	<u> </u>	
CITY-ST-ZIP	SANFORD FL 32771 MD	☐ Delete	CITY-ST-ZIP		Change Addition
NAME	WILLIAMS, LOUVALLIES	LI Delege	NAME		
STREET ADDRESS CITY-ST-ZIP	8512 JOHN ALDER WAY ORLANDO FL 32818	1	STREET ADDRESS CITY-ST-ZIP		<u> </u>
MLE		☐ Delete	MILE		☐ Change ☐ Addition
NAME STREET ADDRESS		1	NAME STREET ADDRESS		A de la companya de l
CITY-ST-ZIP			CITY-ST-ZIP		Clare Si Clare
title Name		☐ Delete	TITLE	_	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	•		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME		Change Addition
STREET ADDRESS		·	STREET ADDRESS		The state of the s
CITY-ST-ZIP	L		CITY-ST-ZIP		13

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: Kinnett Southward 3-21,27 427.491.4853