

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000003485

1. Entity Name

SHEKINAH BERACAH EL-BETH CORP.



Principal Place of Business

540 NW 4TH AVE STE #213
FT LAUDERDALE, FL 33311

Mailing Address

540 NW 4TH AVE STE #213
FT LAUDERDALE, FL 33311



01282004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3700476

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOWE, WANDA M
540 NW 4TH AVE STE #213
FT LAUDERDALE, FL 33311

**DO NOT WRITE
IN THIS SPACE**

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000152427
05/04/04-80085-017 70.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JOYNER, MINNIE
STREET ADDRESS	P O BOX 4874
CITY-ST-ZIP	HOLLYWOOD, FL 33083
TITLE	D
NAME	JOYNER, JAMES
STREET ADDRESS	P O BOX 4874
CITY-ST-ZIP	HOLLYWOOD, FL 33083
TITLE	D
NAME	GLOVER, CLEVELAND
STREET ADDRESS	P O BOX 4874
CITY-ST-ZIP	HOLLYWOOD, FL 33083
TITLE	DS
NAME	TURNER, PRISCILLA
STREET ADDRESS	P O BOX 4874
CITY-ST-ZIP	HOLLYWOOD, FL 33083
TITLE	DT
NAME	LOWE, ARTHENIA
STREET ADDRESS	P O BOX 4874
CITY-ST-ZIP	HOLLYWOOD, FL 33083
TITLE	D
NAME	BROWN, GERTRUDE
STREET ADDRESS	P O BOX 4874
CITY-ST-ZIP	HOLLYWOOD, FL 33083

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4-28-04 954-763-1130

Date

Daytime Phone #