

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000003553

1. Entity Name
SHEKINAH GLORY PRAISE MINISTRIES, INC.



Principal Place of Business
**3911 NW 13TH ST
SUITE B
GAINESVILLE, FL 32609**

Mailing Address
**PO BOX 361
GAINESVILLE, FL 32602**

DO NOT WRITE IN THIS SPACE



03202007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-1184427 ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DUNCAN, RONALD E
6410 NE 39TH BLVD.
GAINESVILLE, FL 32609**

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DUNCAN, RONALD E 6410 NE 39TH BLVD. GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DUNCAN, VICKEY V 6410 NE 39TH BLVD. GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HILL, ANNETTE 6410 NE 39TH BLVD. GAINESVILLE, FL 32609
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

4-6-07 (752-371-0790)

Date

Daytime Phone #