


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90505 039 ****61.25

DOCUMENT # N03000003661	
1. Entity Name SHEKINAH EVANGELISTIC MINISTRIES, INC.	

Principal Place of Business 1805 CANOVA STREET SUITE 2 PALM BAY, FL 32909	Mailing Address 1805 CANOVA STREET SUITE 2 PALM BAY, FL 32909
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2. Principal Place of Business 500 S. Lee Street	3. Mailing Address 500 S. Lee Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LaGrange, GA 30240	City & State LaGrange, GA 30240
Zip 30240	Zip 30240
Country	Country

44036786



04212004 Chg-NP CR2E037 (10/03)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COMPLETE BUSINESS SOLUTIONS, INC. 1805 CANOVA STREET SUITE 2 PALM BAY, FL 32909	
7. Name and Address of New Registered Agent Name Ruby Robinson Street Address (P.O. Box Number is Not Acceptable) 1400 Central Ave. City Sarasota FL Zip Code 34236	

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 Ruby Robinson DATE 4-20-04. <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, KEITH E SR. 537 REVIS ST LAGRANGE, GA 30240	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Miller, Keith E. Sr. 308 N. Lee Street LaGrange, GA 30240	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, LORAIN C 537 REVIS ST LAGRANGE, GA 30240	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Loraine C. Miller 308 N. Lee Street LaGrange, GA 30240	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLLINS, LONELITA ROSE 2630 SKYLAKE DR. COLUMBUS, GA 32907	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Collins, Conchita Rose 2630 SkyLake Dr. Columbus, GA 32907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Keith E. Miller Sr. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: 4-20-04. <small>Date Daytime Phone #</small>