2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2005
Secretary of State

DOCUMENT# N04000009314

Entity Name: NEW SHEKINAH FELLOWSHIP MINISTRIES, INC.

Current Principal Place of Business:

AT HIS ACADEMY 1259 10TH ST.
LAKE PARK, FL 33403

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 17023
WEST PALM BEACH, FL 33416

New Mailing Address:

FEI Number: 43-2060623 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GRAY, JANE E
714 DATE PALM DR.
LAKE PARK, FL 33403 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	TRES	( ) Delete
Name:	GRAY, JANE E	
Address:	714 DATE PALM DR.	
City-St-Zip:	LAKE PARK, FL 33403	
Title:	SEC	( ) Delete
Name:	LIGHTBOURNE, PATRICIA	
Address:	117 NO. F ST	
City-St-Zip:	LAKE WORTH, FL 33460	
Title:	VP	( ) Delete
Name:	HALL, SAMANTHA	
Address:	524 S.W. 8TH ST	
City-St-Zip:	BELLE GLADE, FL 33430	
Title:	P	( ) Delete
Name:	WILSON, LAFAWN	
Address:	P.O. BOX 17023	
City-St-Zip:	WEST PALM BEACH, FL 33416	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	WILSON, LAFAWN	
Address:	P.O. BOX 17023	
City-St-Zip:	WEST PALM BEACH, FL 33416	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAFAWN WILSON P 08/16/2005

Electronic Signature of Signing Officer or Director — Date