

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 14, 2008**  
**Secretary of State**

DOCUMENT# N05000008613

**Entity Name:** SHEKINAH INTERNATIONAL MINISITRIES, INC.**Current Principal Place of Business:**1017 EMILY'S WALK LN EAST  
JACKSONVILLE, FL 32221**New Principal Place of Business:****Current Mailing Address:**1017 EMILY'S WALK LN EAST  
JACKSONVILLE, FL 32221**New Mailing Address:****FEI Number:** 20-3344658**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**COHEN, MASCAREEN  
1017 EMILY'S WALK LN EAST  
JACKSONVILLE, FL 32221 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: P ( ) Delete  
Name: COHEN, MASCAREEN  
Address: 1017 EMILY'S WALK LN EAST  
City-St-Zip: JACKSONVILLE, FL 32221

Title: VP ( ) Delete  
Name: SMITH-MOBLEY, CYCLYN R  
Address: 12739 SERENADE CIR NORTH  
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD ( ) Delete  
Name: YATES, SABRINA  
Address: 7579 ORTEGA BLUFF PKWY  
City-St-Zip: JACKSONVILLE, FL 32244

Title: TD ( ) Delete  
Name: COHEN, EARL  
Address: 2349 MCCARTY DR  
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete  
Name: LOPEST, MANUEL  
Address: 2011 W 11TH ST  
City-St-Zip: JACKSONVILLE, FL 32209

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: JORDAN, BERNARD E BISHOP  
Address: 1 HIGH MEADOW  
City-St-Zip: SADDLE RIVER, NJ 07458

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MASCAREEN COHEN

P

05/14/2008

Electronic Signature of Signing Officer or Director

Date