

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006426

FILED
Apr 28, 2009
Secretary of State

Entity Name: SHEKINAH WEDDING CONSULTANTS MINISTRIES, INC

Current Principal Place of Business:

2501 TEAK COURT
KISSIMMEE, FL 34743

New Principal Place of Business:

4139 W. VINE STREET
SUITE 114
KISSIMMEE, FL 34741

Current Mailing Address:

P O BOX 770982
ORLANDO, FL 32877

New Mailing Address:

2501 TEAK COURT
KISSIMMEE, FL 34743

FEI Number: 26-2747392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROMANO, ANA
2024 SAND ARBOR CIRCLE
ORLANDO, FL 32824 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: HENINGBURG, ALICIA L
Address: 2501 TEAK COURT
City-St-Zip: KISSIMMEE, FL 34743

Title: VP () Delete
Name: ORTIZ, JOANNA
Address: 13226 GALICIA STREET
City-St-Zip: ORLANDO, FL 32824

Title: VP () Delete
Name: HENINGBURG, ARNOLD
Address: 2501 TEAK COURT
City-St-Zip: KISSIMMEE, FL 34743

Title: T () Delete
Name: ROMANO, ANA
Address: 2024 SAND ARBOR CIRCLE
City-St-Zip: ORLANDO, FL 32824

Title: S () Delete
Name: HENINGBURG, ADRIANA M
Address: 2501 TEAK COURT
City-St-Zip: KISSIMMEE, FL 34743

Title: () Delete
Name:
Address:
City-St-Zip:

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

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

Title: FICT () Change (X) Addition
Name: FAMILY LIFE SERVICES, INC
Address: 4136 W. VINE STREET, STE 114
City-St-Zip: KISSIMMEE, FL 34741

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: ALICIA HENINGBURG

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date