

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006426

FILED  
Sep 09, 2010  
Secretary of State

**Entity Name:** SHEKINAH WEDDING CONSULTANTS MINISTRIES, INC

**Current Principal Place of Business:**

4139 W. VINE STREET  
SUITE 114  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

636 VOLTERRA BLVD  
KISSIMMEE, FL 34759

**Current Mailing Address:**

2501 TEAK COURT  
KISSIMMEE, FL 34743

**New Mailing Address:**

636 VOLTERRA BLVD  
KISSIMMEE, FL 34759

**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:**

FAMILY LIFE SERVICES INC  
636 VOLTERRA BLVD  
KISSIMMEE, FL 34759 US

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: FAMILY LIFE SERVICES INC

09/09/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HENINGBURG, ALICIA L  
Address: 636 VOLTERRA BLVD  
City-St-Zip: KISSIMMEE, FL 34759

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

Title: VP  
Name: HENINGBURG, ARNOLD  
Address: 636 VOLTERRA BLVD  
City-St-Zip: KISSIMMEE, FL 34759

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

Title: S  
Name: HENINGBURG, ADRIANA M  
Address: 636 VOLTERRA BLVD  
City-St-Zip: KISSIMMEE, FL 34743

Title: FICT  
Name: FAMILY LIFE SERVICES INC  
Address: 636 VOLTERRA BLVD  
City-St-Zip: KISSIMMEE, FL 34759

I hereby 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 all other like empowered.

SIGNATURE: ALICIA LASALLE HENINGBURG

P

09/09/2010

Electronic Signature of Signing Officer or Director

Date