

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000001519

FILED  
Apr 29, 2010  
Secretary of State

**Entity Name:** SHEKINAH RAIN INTERNATIONAL MINISTRIES, INC.

**Current Principal Place of Business:**

3839 N. MONROE STREET  
7 & 8  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

4517 N. MONROE  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

2290 NANNAS LOOP  
TALLAHASSEE, FL 32303

**New Mailing Address:**

4517 N. MONROE  
TALLAHASSEE, FL 32303

**FEI Number:** 26-4260562

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALKER, SHARON D  
2290 NANNAS LOOP  
TALLAHASSEE, FL 32303 US

**Name and Address of New Registered Agent:**

SHEKINAH RAIN INTL MINISTRIES, INC  
4517 N. MONROE  
TALLAHASSEE, FL 32303 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: SHARON D. WALKER

04/29/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WALKER, SHARON D  
Address: 2290 NANNAS LOOP  
City-St-Zip: TALLAHASSEE, FL 32303

Title: VP  
Name: WALKER, LARRY T JR  
Address: 2290 NANNAS LOOP  
City-St-Zip: TALLAHASSEE, FL 32303

Title: SEC  
Name: ASHLEY, TAYLOR  
Address: 1375 PULLEN RD # 215  
City-St-Zip: TALLAHASSEE, FL 32303

Title: T  
Name: MACK, WOODWARD III  
Address: 400 PUTTMAN DR  
City-St-Zip: TALLAHASSEE, FL 32301

Title: T  
Name: KRISTINA, MCGEE  
Address: 1375 PULLEN RD # 215  
City-St-Zip: TALLAHASSEE, FL 32303

Title: T  
Name: CASSANDRA, JAKES  
Address: 3305 SAW TOOTH DR.  
City-St-Zip: TALLAHASSEE, FL 32303

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: SHARON D. WALKER

P

04/29/2010

Electronic Signature of Signing Officer or Director

Date