2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# N09218

Entity Name: SHEKINAH FAITH CENTER MINISTRIES, INCORPORATED

Current Principal Place of Business:

512 SW 2ND TERR
GAINESVILLE, FL 32602 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 23759
GAINESVILLE, FL 32602

New Mailing Address:

FEI Number: 59-2524483 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCCLELLAN, KENNETH L
524 NW 1ST ST
GAINESVILLE, FL 32601 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: PD ( ) Delete
Name: MCCLELLAN, KENNETH L
Address: 2741 NW 68TH AVENUE
City-St-Zip: GAINESVILLE, FL 32653

Title: D ( ) Delete
Name: MCKNIGHT, CHARLES L
Address: 526 S.W. 5TH AVE.
City-St-Zip: GAINESVILLE, FL 32601

Title: TRT ( ) Delete
Name: WOODY, BRENDA J
Address: 3043 NW 46TH PL.
City-St-Zip: GAINESVILLE, FL 32605

Title: TR ( ) Delete
Name: MCKNIGHT, CHARLES
Address: 526 SW 5TH AVE.
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TRT (X) Change ( ) Addition
Name: WOODY, BRENDA J
Address: 3643 NW 46TH PL.
City-St-Zip: GAINESVILLE, FL 32605

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: BRENDA WOODY TRT 04/24/2008

Electronic Signature of Signing Officer or Director — Date