

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007600

FILED  
Apr 20, 2011  
Secretary of State

Entity Name: SHEKINA FRENCH SDA CHURCH INC.

**Current Principal Place of Business:**

1441 NW 29 TH AVENUE  
FORT LAUDERDALE, FL 33311

**New Principal Place of Business:**

2851 NW 13TH STREET  
FORT LAUDERDALE, FL 33311

**Current Mailing Address:**

PO BOX 590685  
FORT LAUDERDALE, FL 33359 US

**New Mailing Address:**

FEI Number: 26-4313425      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PIERRE-LOUIS, STEVENS  
1441 NW 29 TH AVENUE  
FORT LAUDERDALE, FL 33311 US

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

PIERRE-LOUIS, STEVENS  
5040 SW 13TH ST  
NORTH LAUDERDALE, FL 33068 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: STEVENS PIERRE-LOUIS

04/20/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PIERRE-LOUIS, STEVENS  
Address: P. O. BOX 590685  
City-St-Zip: FORT LAUDERDALE, FL 33359 US

Title: DIR  
Name: THIENARD, LUCKNER  
Address: PO BOX 590685  
City-St-Zip: FORT LAUDERDALE, FL 33359 US

Title: S  
Name: PIERRE-LOUIS, MARIE J  
Address: PO BOX 590685  
City-St-Zip: FORT LAUDERDALE, FL 33359 US

Title: M  
Name: SAINT-PIERRE, NEL  
Address: PO BOX 590685  
City-St-Zip: FORT LAUDERDALE, FL 33359 US

Title: T  
Name: JEAN-CHARLES, IDONEL  
Address: PO BOX 590685  
City-St-Zip: FORT LAUDERDALE, FL 33359 US

Title: M  
Name: MOLTIMER, GILBERTE  
Address: PO BOX 590685  
City-St-Zip: FORT LAUDERDALE, FL 33359 US

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: STEVENS PIERRE-LOUIS

PD

04/20/2011

Electronic Signature of Signing Officer or Director

Date