


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N31173 1. Entity Name SHEKINAH MINISTRIES, INCORPORATED	
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Principal Place of Business 346 RUBEN MORGAN LN HAVANA, FL 32333 US	Mailing Address 346 RUBEN MORGAN LN HAVANA, FL 32333 US
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DO NOT WRITE IN THIS SPACE



04262005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2948219	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MORGAN, RUBEN D SR
346 RUBEN MORGAN LN
HAVANA, FL 32333

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORGAN, RUBEN 346 RUBEN MORGAN LN HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORGAN, YVONNE 346 RUBEN MORGAN LN HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RITTER, CYNTHIA M 727 RICHBAY ROAD HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BODISON, DAISY 1585 JAMIESON RD HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BODISON, LESTER 1585 JAMIESON RD HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/04/05-80115-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cynthia M. Ritter Cynthia M. Ritter 4-30-05 245-4463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #