


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N31173
 1. Entity Name
SHEKINAH MINISTRIES, INCORPORATED



Principal Place of Business Mailing Address
346 RUBEN MORGAN LN **346 RUBEN MORGAN LN**
HAVANA, FL 32333 US **HAVANA, FL 32333 US**

DO NOT WRITE IN THIS SPACE



04292006 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2948219 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

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

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U00000548761
 05/12/06-80078-003 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cynthia M. Ritter Cynthia M. Ritter 4/29/06 850 245-4463
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #