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NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N38548

1. Corporation Name

SHEKINAH CHRISTIAN FELLOWSHIP, INC.

1-29-96 B-0456 C
(6)



Principal Place of Business

Mailing Address

PO BOX 77-0518
CORAL SPGS FL 33077-0518
US

PO BOX 77-0518
CORAL SPGS FL 33077-0518
US

3. Date Incorporated or Qualified

06/08/1990

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAC INTYRE, PAMELA
9135 N.W. THIRD COURT
CORAL SPRINGS FL 33071

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

NAME

MAC INTYRE, CHARLES

STREET ADDRESS

9135 N.W. THIRD COURT

CITY - ST - ZIP

CORAL SPRINGS FL

TITLE

D

☐ DELETE

NAME

MAC INTYRE, PAMELA

STREET ADDRESS

9135 N.W. THIRD COURT

CITY - ST - ZIP

CORAL SPRINGS FL

TITLE

D

☐ DELETE

NAME

BEST, SHARON

STREET ADDRESS

5106 NW 51ST AVE.

CITY - ST - ZIP

CORAL SPGS FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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COCONUT CREEK, FL 33063

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles Mac Intyre*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96

341-0177

Date

Daytime Phone #

CR2E037 (12/95)