

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000004596** ✓

1. Corporation Name

SHEKINAH CHURCH MINISTRIES, INC.

Principal Place of Business

425 CRESCENT DRIVE
LAKE PARK FL 33403

Mailing Address

P.O. BOX 17023
WEST PALM BEACH FL 33416

FILED
Mar 02, 1999 8:00 am
Secretary of State

07-14-1999 90003 002 ****61.25

03-02-1999 90074 029 ****61.25



2. Principal Place of Business

21 **4857 NORTHLAKE BLVD**
Suite, Apt. #, etc.

2a. Mailing Address

26 **P.O. BOX 17023**
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

08/29/1996

22 **NORTH PALM BEACH, FL.**
City & State

27 **WEST PALM BEACH, FL.**
City & State

4. FEI Number
36-4133347

Applied For
☒ Not Applicable

23 **33418** **PALM BEACH**
Zip Country

28 **33416** **PALM BEACH**
Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 ☐ 25 ☐ 29 ☐ 30 ☐

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WILSON, LAFAWN A.R.
425 CRESCENT DRIVE
LAKE PARK FL 33403

10. Name and Address of New Registered Agent

81 Name
WILSON, LAFAWN A.R.
82 Street Address (P.O. Box Number is Not Acceptable)
4857 NORTHLAKE BLVD
83 **NORTH PALM BEACH**
84 City

FL 85 Zip Code
33418

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **WILSON, LAFAWN**
CITY-ST-ZIP **425 CRESCENT DRIVE**
LAKE PARK FL 33403
TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **HALL, SAMANTHA**
CITY-ST-ZIP **524 S.W. 8TH STREET**
BELLE GLADE FL 33430
TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **WILSON, MATTIE R**
CITY-ST-ZIP **425 CRESENT DRIVE**
LAKE PARK FL 33403

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PASTOR (D)**
1.3 STREET ADDRESS **WILSON LAFAWN**
1.4 CITY-ST-ZIP **4857 NORTHLAKE BLVD**
NORTH PALM BEACH, FL. 33418
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **SECRETARY (T)**
2.3 STREET ADDRESS **524 S.W. 8TH STREET**
2.4 CITY-ST-ZIP **BELLE GLADE, FL. 33430**
3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **VP (T)**
3.3 STREET ADDRESS **WILSON, MATTIE R.**
3.4 CITY-ST-ZIP **3211 N. SEACREST BLVD**
BOYNTON BEACH, FL. 33435
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #