

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004596

1. Entity Name

SHEKINAH CHURCH MINISTRIES, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90255 034 ****61.25

Principal Place of Business

4857 NORTHLAKE BLVD.
WEST PALM BEACH FL 33418

Mailing Address

P.O. BOX 17023
WEST PALM BEACH FL 33416-7023

2. Principal Place of Business

3701 BROADWAY
Suite, Apt. #, etc.
WEST PALM BEACH, FL.

3. Mailing Address

SAME
Suite, Apt. #, etc.

City & State

33407

City & State

Zip

Country

Zip

Country

4. FEI Number

36-4133347

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILSON, LAFAWN A.R.
4857 NORTHLAKE BLVD.
NORTH PALM BEACH FL 33418

7. Name and Address of New Registered Agent

Name WILSON, LAFAWN A.R.

Street Address (P.O. Box Number is Not Acceptable)
300 10th Street

LAKE PARK

City

FL

Zip Code
33403

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.

SIGNATURE Lafawn Wilson
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/19/00
DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WILSON, LAFAWN
STREET ADDRESS 4857 NORTHLAKE BLVD.
CITY-ST-ZIP WEST PALM BEACH FL 33418 ☒ Delete

TITLE ST
NAME HALL, SAMANTHA
STREET ADDRESS 524 S.W. 8TH STREET
CITY-ST-ZIP BELLE GLADE FL 33430 ☒ Delete

TITLE VPT
NAME WILSON, MATTIE R
STREET ADDRESS 3211 NORTH SEACREST BLVD.
CITY-ST-ZIP BOYNTON BEACH FL 33435 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME WILSON, LAFAWN
STREET ADDRESS 300 10th Street
CITY-ST-ZIP LAKE PARK, FL. 33403 ☒ Change ☐ Addition

TITLE ST
NAME HALL, SAMANTHA
STREET ADDRESS 524 S.W. 8th St.
CITY-ST-ZIP BELLE GLADE FL. 33430 ☒ Change ☐ Addition

TITLE VPT
NAME WILSON, MATTIE R.
STREET ADDRESS 300 10th St.
CITY-ST-ZIP LAKE PARK, FL. 33403 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)