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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N97000004470**

1. Corporation Name

**SHEKINAH'S DIAMOND RESOURCE DEVELOPMENT, INC.**

Principal Place of Business  
4857 NORTHLAKE BLVD.  
NORTH PALM BEACH FL 33418

Mailing Address  
P.O. BOX 17023  
WEST PALM BEACH FL 33416



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/06/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

31-1577883

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, LAFAWN A.R.  
4898 ANDROS DR.  
WEST PALM BEACH FL 33407

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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE DP  
NAME WILSON, LAFAWN A.R.  
STREET ADDRESS 425 CRESCENT DR.  
CITY-ST-ZIP LAKE PARK FL 33403

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 4857 NORTHLAKE BLVD.  
1.4 CITY-ST-ZIP NORTH PALM BEACH, FL. 33418

TITLE DS  
NAME WILSON, MATTIE R  
STREET ADDRESS 425 CRESCENT DR.  
CITY-ST-ZIP LAKE PARK FL 33403

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 4857 NORTHLAKE BLVD.  
2.4 CITY-ST-ZIP NORTH PALM BEACH, FL. 33418

TITLE DT  
NAME HALL, SAMANTHA  
STREET ADDRESS 425 CRESCENT DR.  
CITY-ST-ZIP LAKE PARK FL 33403

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 4857 NORTHLAKE BLVD.  
3.4 CITY-ST-ZIP NORTH PALM BEACH, FL. 33418

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)