


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 07, 2005 08:00 AM
Secretary of State

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| DOCUMENT # N98000001648 1. Entity Name SHEKINAH STREET MINISTRIES INC. |  |
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| Principal Place of Business 4211 WILL SCARLET DR. TITUSVILLE, FL 32796 | Mailing Address 4211 WILL SCARLET DR. TITUSVILLE, FL 32796 |
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01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-3649624 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent JONES, LILLIAN 4211 WILL SCARLET DR TITUSVILLE, FL 32796 | DO NOT WRITE IN THIS SPACE |
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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 _____

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| Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JONES, LILLIAN 4211 WILL SCARLET DR TITUSVILLE, FL 32796 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T JONES, KIRK 4211 WILL SCARLET DR TITUSVILLE, FL 32796 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MURPHY, JILL 1672 S.E. GRAPELAND DR PORT ST LUCIE, FL 34952 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MURPHY, MICHAEL 1672 S.E. GRAPELAND DR PORT ST LUCIE, FL 34952 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILLIAMS, TISHA 2373 FOX HOLLOW DRIVE TITUSVILLE, FL 32796 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T PAUL, LINDA 3168 SINSTERWALD DRIVE TITUSVILLE, FL 32780 |

**DO NOT WRITE
IN THIS SPACE**

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: Lillian Jones Lillian Jones 1/3/05 321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 9209