2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90069 032 ****70.00

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1. Entity Name
SHEKINAH STREET MINISTRIES INC.

Principal Place of Business
4211 WILL SCARLET DR.
TITUSVILLE, FL 32796

Mailing Address
4211 WILL SCARLET DR.
TITUSVILLE, FL 32796

2. Principal Place of Business - No P.O. Box #
3400 Lillian Blvd
Suite, Apt. #, etc.

3. Mailing Address
4211 Will Scarlet Dr
Suite, Apt. #, etc.

04032007 Chg-NP CR2E037 (12/06)

City & State: Titusville
Zip: 32780 Country: USA BREVARD

City & State: Titusville
Zip: 32796 Country: USA

4. FEI Number 59-3649624 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, LILLIAN
4211 WILL SCARLET DR
TITUSVILLE, FL 32796

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JONES, LILLIAN		NAME		
STREET ADDRESS	4211 WILL SCARLET DR		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 32796		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	D	☑ Change ☐ Addition
NAME	JONES, KIRK		NAME	Jones, Kirk	
STREET ADDRESS	4211 WILL SCARLET DR		STREET ADDRESS	4211 Will Scarlet DR.	
CITY-ST-ZIP	TITUSVILLE, FL 32796		CITY-ST-ZIP	Titusville, FL. 32796	
TITLE	D	☑ Delete	TITLE	D	☐ Change ☑ Addition
NAME	MURPHY, JILL		NAME	Williams, Tasha	
STREET ADDRESS	1672 S.E. GRAPELAND DR		STREET ADDRESS	2280 Mayfair Way #6	
CITY-ST-ZIP	PORT ST LUCIE, FL 34952		CITY-ST-ZIP	Titusville, FL. 32796	
TITLE	T	☑ Delete	TITLE	T	☐ Change ☑ Addition
NAME	MURPHY, MICHAEL		NAME	DeBartelo, Robert	
STREET ADDRESS	1672 S.E. GRAPELAND DR		STREET ADDRESS	199 S.W. Chapman Ave	
CITY-ST-ZIP	PORT ST LUCIE, FL 34952		CITY-ST-ZIP	Port St. Lucie, FL. 34984	
TITLE	D	☑ Delete	TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, TISHA		NAME		
STREET ADDRESS	2373 FOX HOLLOW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 32796		CITY-ST-ZIP		
TITLE	T	☑ Delete	TITLE		☐ Change ☐ Addition
NAME	PAUL, LINDA		NAME		
STREET ADDRESS	3168 SINSTERWALD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/30/07 321-271-9809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #