


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N98000001648			
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.	
City & State Titusville		City & State Titusville	
Zip 32780		Country USA	
Country BRNARD		Zip 32796	
Country USA		Country USA	
4. FEI Number 59-3649624		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, LILLIAN	NAME	
STREET ADDRESS	4211 WILL SCARLET DR	STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE, FL 32796	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHY, JILL	NAME	WILLIAMS, TASHA
STREET ADDRESS	1672 S.E. GRAPELAND DR	STREET ADDRESS	2280 MARYFAIR WAY #6
CITY-ST-ZIP	PORT ST LUCIE, FL 34952	CITY-ST-ZIP	Titusville, FL. 32796
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHY, MICHAEL	NAME	De Bartolo, 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 <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, TISHA	NAME	
STREET ADDRESS	2373 FOX HOLLOW DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE, FL 32796	CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerments.			
SIGNATURE: <u>Lillian Jones</u>		Date: <u>4/30/07</u> Daytime Phone #: <u>321-271-9809</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			