

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003095

FILED
Jul 01, 2004
Secretary of State**Entity Name:** SHEKINAH GLORY PRAISE AND WORSHIP CENTER, INC.**Current Principal Place of Business:**58 HOLIDAY MANOR
HAINES CITY, FL 33844**New Principal Place of Business:****Current Mailing Address:**58 HOLIDAY MANOR
HAINES CITY, FL 33844**New Mailing Address:****FEI Number:** 59-3559008**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RICHARD, ROBERT JR
58 HOLIDAY MANOR
HAINES CITY, FL 33844 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PT () Delete
Name: RICHARD, ROBERT JR
Address: 58 HOLIDAY MANOR
City-St-Zip: HAINES CITY, FL 33844**Title:** VPT () Delete
Name: RICHARD, LILLIE
Address: 58 HOLIDAY MANOR
City-St-Zip: HAINES CITY, FL 33844**Title:** ST () Delete
Name: RICHARD, LISA D
Address: 58 HOLIDAY MANOR
City-St-Zip: HAINES CITY, FL 33844**Title:** ST () Delete
Name: ELLERBEE, SONIA
Address: 58 HOLIDAY MANOR
City-St-Zip: HAINES CITY, FL 33844**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILLIE RICHARD

VPT

07/01/2004

Electronic Signature of Signing Officer or Director

Date