

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004423

FILED
Apr 14, 2009
Secretary of State

Entity Name: SHEKINAH GLORY OF GOD, INC.

Current Principal Place of Business:

P. O. BOX 16546
PANAMA CITY, FL 32406

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 16546
PANAMA CITY, FL 32406

New Mailing Address:

FEI Number: 59-3487924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LANEY, MARY B
1611 FAIRLAND AVE.
PANAMA CITY, FL 32405 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: D () Delete
Name: DELOACH, TEARETHA
Address: 1327 FAIRLAND AVE.
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: DAVIS, BILLY J JR.
Address: 1610 FRANKFORD AVE.
City-St-Zip: PANAMA CITY, FL 32405

Title: D () Delete
Name: JONES, MARY ALICE
Address: 1516 MICHIGAN AVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: D () Delete
Name: MCQUEEN, RENEE
Address: 1 RYBARK LANE
City-St-Zip: PALM COAST, FL 32164

Title: D () Delete
Name: LANEY, MARY B
Address: 1611 FAIRLAND AVE
City-St-Zip: PANAMA CITY, FL 32405

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DAVIS, BILLY J JR.
Address: 2204 PENTLAND RD
City-St-Zip: LYNN HAVEN, FL 32444

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: D () Change (X) Addition
Name: WILLIAMS, ALMA L
Address: 1844 CINCINNATI AVE
City-St-Zip: PANAMA CITY, FL 32405

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BILLY J. DAVIS, JR

PAS

04/14/2009

Electronic Signature of Signing Officer or Director

Date