FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Aug 31, 2001 8:00 am Secretary of State DOCUMENT # N99000002714 1. Entity Name 08-31-2001 90003 043 ****70.00 SHEKINAH INTERNATIONAL CHRISTIAN CENTER, INC. Principal Place of Business Mailing Address 1711 N. UNIVERSITY DR. P.O. BOX 15643 PLANTATION FL 33322 PLANTATION FL 33318-5643 2. Principal Place of Business 3. Mailing Address 3850 W. Broward Blud Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FE! Number 65-0924549 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 3331 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KICKWARD JR Street Address (P.O. Box Number is Not Acceptable) SMITH, KIRKWARD JR. 1044 NW 80TH TERR. PLANTATION FL 33322 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 Fiorida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **FILE NOW: FEE IS \$61.25** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete Change ☐ Addition Smith, Kirkward JR. 2901 N.W. 23ST Firt. Lauderdale, FL 33311 NAME SMITH, KIRKINARD JR. 1044 N.W. 80TH TERR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33322 CITY-ST-ZIP TITLE ☐ Delete TITLE SMITH, ANGELA SMITH, ANGELA NAME NAME 2901 N.W. 23 ST STREET ADDRESS 1044 N.W. 80TH TERR. STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33322 CITY-ST-ZIP_ SD TITLE ☐ Delete TITLE SMITH, LUCILLE NAME NAME STREET ADDRESS 2027 N.W. 55 TERR. STREET ADDRESS CITY-ST-7IP PLANTATION FL 33313 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

VINOSANTELLUZED KICKURED SINKS JK

KIRKWARD SINIES JK 8-25-01 (454)485430