

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90069 032 ****70.00

DOCUMENT # N98000001648

1. Entity Name
SHEKINAH STREET MINISTRIES INC.



Principal Place of Business
2625 BARNA AVE
#F & G
TITUSVILLE, FL 32780

Mailing Address
4211 WILL SCARLET DR.
TITUSVILLE, FL 32796

2. Principal Place of Business
4211 Will Scarlet DR.

3. Mailing Address
 Suite, Apt. #, etc.


City & State
Titusville, FL.

City & State
Florida

Zip
32796

Country
BREVARD

64001027



01232004 Chg-NP CR2E037 (10/03)

4. FEI Number
593649624
 NOT APPLICABLE

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 Lillian Jones (President) Jan. 28, 2004
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is **\$61.25**
Due by May 1, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	D JONES, LILLIAN 4211 WILL SCARLET DR TITUSVILLE, FL 32796 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, KIRK 4211 WILL SCARLET DR TITUSVILLE, FL 32796 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, JILL 1672 S.E. GRAPELAND DR PORT ST LUCIE, FL 34952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MURPHY, MICHAEL 1672 S.E. GRAPELAND DR PORT ST LUCIE, FL 34952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tisha Williams 2373 FOX Hollow DAWE Titusville, FL. 32796 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LINDA PAUL 3168 SINSTERWALD DRIVE Titusville, FL. 32780 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Lillian Jones (Pres) 1/28/04 321-385-0704
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #