


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 08:00 AM
Secretary of State

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**



02272006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3649624

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**

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JONES, LILLIAN
STREET ADDRESS	4211 WILL SCARLET DR
CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	T
NAME	JONES, KIRK
STREET ADDRESS	4211 WILL SCARLET DR
CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	D
NAME	MURPHY, JILL
STREET ADDRESS	1672 S.E. GRAPELAND DR
CITY-ST-ZIP	PORT ST LUCIE, FL 34952
TITLE	T
NAME	MURPHY, MICHAEL
STREET ADDRESS	1672 S.E. GRAPELAND DR
CITY-ST-ZIP	PORT ST LUCIE, FL 34952
TITLE	D
NAME	WILLIAMS, TISHA
STREET ADDRESS	2373 FOX HOLLOW DRIVE
CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	T
NAME	PAUL, LINDA
STREET ADDRESS	3168 SINSTERWALD DRIVE
CITY-ST-ZIP	TITUSVILLE, FL 32780

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 03/10/06-80042-005 70.00

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 empowered.

SIGNATURE: Killian Jones 2/27/06 321-271-9809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #