

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90069 032 ****70.00

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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**

2. Principal Place of Business - No P.O. Box #
3400 Lillian Blvd

3. Mailing Address
4211 Will Scarlet Dr

Suite, Apt. #, etc.

City & State
Titusville

City & State
Titusville

Zip
32780


Country
USA

Zip
32796

Country
USA

6. Name and Address of Current Registered Agent

**JONES, LILLIAN
 4211 WILL SCARLET DR
 TITUSVILLE, FL 32796**



04032007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3649624

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 _____ DATE _____

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

Filing Fee is \$61.25 Due by May 1, 2007

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 D NAME STREET ADDRESS CITY-ST-ZIP	JONES, KIRK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4211 Will Scarlet Dr. Titusville, FL. 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, JILL 1672 S.E. GRAPELAND DR PORT ST LUCIE, FL 34952 <input checked="" type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	WILLIAMS, TASHA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2280 MARYFAIR WAY #6 Titusville, FL. 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MURPHY, MICHAEL 1672 S.E. GRAPELAND DR PORT ST LUCIE, FL 34952 <input checked="" type="checkbox"/> Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	DeBartelo, Robert <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 199 S.W. CHAPMAN Ave PORT ST. LUCIE, FL. 34984
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, TISHA 2373 FOX HOLLOW DRIVE TITUSVILLE, FL 32796 <input checked="" 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 PAUL, LINDA 3168 SINSTERWALD DRIVE TITUSVILLE, FL 32780 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerments.

SIGNATURE: Lillian Jones **4/30/07** **321-271-9809**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #