

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90111 011 \*\*\*\*61.25

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT-APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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*

*2/5/03*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, LILLIAN</b>	
STREET ADDRESS	<b>4211 WILL SCARLET DR</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL 32796</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, KIRK</b>	
STREET ADDRESS	<b>4211 WILL SCARLET DR</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL 32796</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MURPHY, JILL</b>	
STREET ADDRESS	<b>1672 S.E. GRAPELAND DR</b>	
CITY-ST-ZIP	<b>PORT ST LUCIE FL 34952</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MURPHY, MICHAEL</b>	
STREET ADDRESS	<b>1672 S.E. GRAPELAND DR</b>	
CITY-ST-ZIP	<b>PORT ST LUCIE FL 34952</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 an other, like empowered.

SIGNATURE:

*Lillian Jones*

*2/5/03 321-271-9809*

CR2E037 (10/02)