

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008613

Entity Name: SHEKINAH INTERNATIONAL MINISTRIES INC.**Current Principal Place of Business:**1017 EMILY'S WALK LN EAST
JACKSONVILLE, FL 32221**Current Mailing Address:**P. O. BOX 60424
JACKSONVILLE, FL 32221**FEI Number:** 20-3344658**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COHEN, MASCAREEN
1017 EMILY'S WALK LN EAST
JACKSONVILLE, FL 32221 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	COHEN, MASCAREEN
Address	1017 EMILY'S WALK LN EAST
City-State-Zip:	JACKSONVILLE FL 32221

Title	VP
Name	JORDAN, BERNARD EBISHOP
Address	1 HIGH MEADOW
City-State-Zip:	SADDLE RIVER NJ 07458

Title	D
Name	YATES, SABRINA
Address	7579 ORTEGA BLUFF PKWY
City-State-Zip:	JACKSONVILLE FL 32244

Title	TD
Name	COHEN, EARL
Address	2349 MCCARTY DR
City-State-Zip:	JACKSONVILLE FL 32210

Title	D
Name	LOPEST, MANUEL
Address	2011 W 11TH ST
City-State-Zip:	JACKSONVILLE FL 32209

Title	D
Name	BEASLEY, DEBRA
Address	5002 LOFTY PINES CIRCLE EAST
City-State-Zip:	JACKSONVILLE FL 32210

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MASCAREEN COHEN**PRESIDENT****02/10/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date