

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09218

Entity Name: SHEKINAH FAITH CENTER MINISTRIES, INCORPORATED**Current Principal Place of Business:**502 N.W 16TH AVENUE
SUITE # 5
GAINESVILLE, FL 32601**Current Mailing Address:**P.O. BOX 5156
GAINESVILLE, FL 32627**FEI Number: 59-2524483****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MCCLELLAN, KENNETH L
502 N.W 16TH AVENUE
SUITE # 5
GAINESVILLE, FL 32601 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 PD, PASTOR
Name MCCLELLAN, KENNETH L
Address 2741 NW 68TH AVENUE
City-State-Zip: GAINESVILLE FL 32653Title TRUSTEE
Name MCCLELLAN, SUSAN
Address 2741 NW 68TH AVE
City-State-Zip: GAINESVILLE FL 32616Title SECRETARY
Name MCCLELLAN, SUSAN
Address 2741NW 68 TH AVE
City-State-Zip: GAINESVILLE FL 32653Title TRUSTEE
Name MCCLELLAN, LASHENAKA V
Address 2828 NE 17TH DR.
City-State-Zip: GAINESVILLE FL 32609Title TRUSTEE, DEACON
Name OATES, SAMMIE
Address 3411 NW 49TH AVE
City-State-Zip: GAINESVILLE FL 32605Title TRUSTEE
Name DARLING, BRENDA
Address 3643 NW 46 PLACE
City-State-Zip: GAINESVILLE FL 32605

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: KENNETH MCCLELLAN**PD,****04/28/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date