

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000008505

**Entity Name:** SHEKINAH'S CARE FACILITY, INC.

**Current Principal Place of Business:**

648 NW 7TH STREET  
FLORIDA CITY, FL 33034

**Current Mailing Address:**

PO BOX 343066  
FLORIDA CITY, FL 33034 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

NOTTAGE, SABRINA  
648 NW 7TH STREET  
FLORIDA CITY, FL 33034 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 NOTTAGE, SABRINA F  
Address 648 NW 7TH STREET  
City-State-Zip: FLORIDA CITY FL 33034

Title VP  
Name JONES, TRELANIE D  
Address 648 NW 7TH STREET  
City-State-Zip: FLORIDA CITY FL 33034

Title S  
Name NESMITH, VIVIAN  
Address 648 NW 7TH STREET  
City-State-Zip: HOMESTEAD FL 33034

*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:** SABRINA NOTTAGE

**PRESIDENT**

**04/29/2016**

Electronic Signature of Signing Officer/Director Detail

Date