

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000008505

Entity Name: SHEKINAH'S CARE FACILITY, INC.

Current Principal Place of Business:

11383 SW 232 TERRACE
HOMESTEAD , FL 33032

Current Mailing Address:

PO BOX 343066
FLORIDA CITY, FL 33034 US

FEI Number: 45-4894068

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NOTTAGE, SABRINA
11383 SW 232 TERRACE
HOMESTEAD , FL 33032 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: NOTTAGE, SABRINA F

06/02/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name NOTTAGE, SABRINA F
Address 11383 SW 232 TERRACE
City-State-Zip: HOMESTEAD FL 33032

Title VP
Name NESMITH , VIVIAN
Address 11383 SW 232 TERRACE
City-State-Zip: HOMESTEAD FL 33032

Title S
Name JONES, TRELANIE
Address 11383 SW 232 TERRACE
City-State-Zip: HOMESTEAD FL 33032

Title TREASURER
Name MARTIN, MARIAN
Address 11383 SW 232 TERRACE
City-State-Zip: HOMESTEAD FL 33032

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

06/02/2020

Electronic Signature of Signing Officer/Director Detail

Date