

2015 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:

648 NW 7TH STREET
FLORIDA CITY, FL 33034

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

02/23/2015

Electronic Signature of Signing Officer/Director Detail

Date