FILE NOW: FILING FEE IS \$61.25

NONPROFITE CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortnam
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # NOSOOO01508

1. Corporation Name									
Shek	kinah "Renaissance" M	inist	ries, inc.						
Principal Place of Business 116 Polk Drive Tallahassee, FI 32301		Maing Address Post Office Box 5705 Tallahassee, Florida 32314							
						3. Date Incorporated or Qualified April 5, 1995	3a . D	ate of Last Repo	rt .
2. Principal Place of Business			Mailing Address			4. FEI Number		Apple	ed For
116 Polk Drive			Post Office	e Box 5	705	59-3312485		—	pplicable
Suite. Apt: #, etc			Suite, Apt. #, etc.			5. Certificate of Status Desired	X	\$8.75 Add	itional
22						5. Contribute of States Desired		Fee Requir	
City & State 23 Tallahassee, Florida			City & State RB Tollahassee, Florida			6. Election Campaign Financing \$5.00 May Be			
Zip Country			Zip Country			Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199 032,			
	¬ '		29 32314		U.S.A.	Florida Statutes Yes Yes			9 U3Z,
3230	9. Name and Address of Curre			30		10. Name and Address of New Ro		LZ-L	
116 F	y Haynie Polk Drive hassee, Florida 3230	1			82 Street Add 83 84 City	ress (P.O. Box Number is Not Accepta	FL	85 Zip Codi	le
 office or r 	egistered agent, or both, in the State in familial with, and accept the oblig	e of Florid ations of	da. Such change wa J. Section 617.0503. L. Betty	as authorizo Florida Sta <i>Hayni</i>	ed by the corpora	poration submits this statement for the tion's board of directors. Thereby acce	purpose optithe app	f changing its repointment as reginal form	gistered istered
12.	OFFICERS AN			13.	and the second	ADDITIONS/CHANGES TO OFFI	CERS AN	D DIFFECTORS IN	V 12
TITLE	Director		DELETE	111	IHE			Change	Addition
NAME	Betty Jean Haynie			12N	AME				
STREET ADDRESS	116 Polk Drivé Tallahassee, Florida			13\$	TREET ADDRESS				
CITY-ST-ZIP					ITY - ST - ZIP			T 105 F	Teasin
TITLE	Director/Vice-Chair	•	☐ DEFE LE	2 1 T				Change	Addition
NAME CERSEE LERROSON	Mary Alice Brown			2 2 N					
STREET ADDRESS CITY-ST-ZIP	2271 NW 151 Street Opa Locka, Florida	2205	*		TREET ADDRESS				
TITLE	Director/Secretary	3303	DELETE	317	City - ST - ZIP			Change	Addition
NAME	Gwendolyn D. Jacks	on	<u></u>	32 N					
STREET ADDRESS	2213 St. Marks Stree	et 💮			TREET ADDRESS	,			
CITY - ST - ZIP	Tallahassee, Florida	323	10	34 [HIY-ST-ZiP				
TITLE			☐ DELETE	4 1 T	TLE			Change _	Addition
NAME				4 2 !	NAME				
STREET ADDRESS				435	TREET ADDRESS				
CITY-ST-ZIP				440	ITY-ST-ZIP				_
TITLE			☐ DELETE	5 1 T	TLE			Change	Addition
NAME				52 N					
STREET ADDRESS					TREET ADDRESS				İ
CITY - ST - ZIP			I DELETE		ITY - ST - ZIP	6000019	4 F. F.	5 6	Addition
TITLE			☐ DELETE	61 T		6000018 -06/03/96010	114	inge ∟	_ Addition
NAME STOCKE ADDOCCS				62 N		***70.00	1 4	~~ 5~:	31-16
STREET ADDRESS				E	TREET ADDRESS			<i>-</i>	AGC3
14. Ldo heret	ov certify that the information supplie	d with th	is filing is voluntarile		ITY-ST-ZIP and does not qua	alify for the exemption slated in Section	119 07/3	Vk) Florida Stati	utes. I

14. I do hereby certify that the information supplied with this filing is voluntarily lumished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same lugal 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 in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Detty Haynie, Director

5/14/96 (904) 224-8123

R2E037 (12/95)