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Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001598 (0)

1. Corporation Name

SHEKINAH "RENAISSANCE" MINISTRIES, INC.



Principal Place of Business

Mailing Address

116 POLK DRIVE
TALLAHASSEE FL 32301

PO BOX 5705
TALLAHASSEE FL 32314-5705

3. Date Incorporated or Qualified
04/05/1995

3a. Date of Last Report
05/31/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-3312485

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAYNIE, BETTY
116 POLK DRIVE
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCEO DELETE
NAME HAYNIE, BETTY J
STREET ADDRESS 116 POLK DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32301

1.1 TITLE DIRECTOR Change Addition
1.2 NAME LATANYA CURRY
1.3 STREET ADDRESS 3273 EL PRIMO WAY
1.4 CITY-ST-ZIP ORLANDO, FLORIDA 32808

TITLE VD DELETE
NAME BROWN, MARY ALICE
STREET ADDRESS 2271 NW 151ST STREET
CITY-ST-ZIP OPA LOCKA FL 33054

2.1 TITLE DIRECTOR Change Addition
2.2 NAME STACEY SIMMONS
2.3 STREET ADDRESS 129 COLUMBIA DRIVE
2.4 CITY-ST-ZIP TALLAHASSEE, FLORIDA 32304

TITLE STD DELETE
NAME JACKSON, GWENDOLYN D
STREET ADDRESS 2213 ST MARKS STREET
CITY-ST-ZIP TALLAHASSEE FL 32310

3.1 TITLE DIRECTOR Change Addition
3.2 NAME ELEANOR REYNOLDS
3.3 STREET ADDRESS 76 PACERS CIRCLE
3.4 CITY-ST-ZIP WEST PALM BEACH, FLORIDA 33414

TITLE D DELETE
NAME HAYNIE, BETTY J
STREET ADDRESS 116 POLK ST.
CITY-ST-ZIP TALLAHASSEE FL 32301

4.1 TITLE DIRECTOR Change Addition
4.2 NAME THERESSA BRAHIM
4.3 STREET ADDRESS 221 NW 193rd AVENUE
4.4 CITY-ST-ZIP PEMBROKE PINE, FLORIDA 33029

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS 200002129432
5.4 CITY-ST-ZIP -04/01/97--01006--039

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS ***70.00
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Betty J. Haynie* Betty J. Haynie

3/17/97 (904) 224-8122
Date Daytime Phone #0000000

CR2E037 (9/96)