

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katharine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
99 JAN 12 AM 9:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001598

1. Corporation Name

SHEKINAH "RENAISSANCE" MINISTRIES, INC.

Principal Place of Business

116 POLK DRIVE  
TALLAHASSEE FL 32301

Mailing Address

PO BOX 5705  
TALLAHASSEE FL 32314



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/05/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3312485	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

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 City			
				84 Zip			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAYNIE, BETTY J	1.2 NAME	REYNOLDS, ELEANOR
STREET ADDRESS	116 POLK DRIVE	1.3 STREET ADDRESS	76 PACER CIRCLE
CITY-ST-ZIP	TALLAHASSEE FL 32301	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33414
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, MARY ALICE	2.2 NAME	ABRAHAM, THERESSA
STREET ADDRESS	2271 NW 151ST STREET	2.3 STREET ADDRESS	221 NW 193RD AVENUE
CITY-ST-ZIP	OPA LOCKA FL 33054	2.4 CITY-ST-ZIP	PEMBROKE PINE, FL 33029
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, GWENDOLYN D	3.2 NAME	
STREET ADDRESS	2213 ST MARKS STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32310	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYNIE, BETTY J	4.2 NAME	
STREET ADDRESS	116 POLK ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRY, LATANYA	5.2 NAME	CURRY, LATANYA
STREET ADDRESS	3273 EL PRIMO WAY	5.3 STREET ADDRESS	5001 RENOIR DRIVE
CITY-ST-ZIP	ORLANDO FL 32808	5.4 CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, STACEY	6.2 NAME	SIMMONS, STACEY
STREET ADDRESS	129 COLUMBIA DRIVE	6.3 STREET ADDRESS	1571 PINE FOREST DRIVE
CITY-ST-ZIP	TALLAHASSEE FL 32304	6.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301

14. I 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, with all other like empowered.

SIGNATURE: *Betty Haynie* (850) 224-8122  
Date: 1/12/99

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CR2E037 (1/1/98)