

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90071 044 ****70.00

DOCUMENT # N95000001598

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3312485**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HAYNIE, BETTY
116 POLK DRIVE
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	HAYNIE, BETTY J	
STREET ADDRESS	116 POLK DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BROWN, MARY ALICE	
STREET ADDRESS	2271 NW 151ST STREET	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	STD	<input type="checkbox"/> Delete
NAME	JACKSON, GWENDOLYN D	
STREET ADDRESS	2213 ST MARKS STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAYNIE, BETTY J	
STREET ADDRESS	116 POLK ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	CURRY, LATANYA	
STREET ADDRESS	5001 RENOIR DRIVE	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMMONS, STACEY	
STREET ADDRESS	1571 PINE FOREST DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REYNOLDS, HELEANOR	
STREET ADDRESS	76 PACER CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH, FLORIDA 33414	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAHAM, THEREASA	
STREET ADDRESS	221 NW 193rd AVENUE	
CITY-ST-ZIP	PEMBROKE PINE, FLORIDA 33029	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRY, LATANYA	
STREET ADDRESS	1017 WEST COLUMBIA STREET	
CITY-ST-ZIP	ORLANDO, FL 32805	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Betty J. Haynie **BETTY J. HAYNIE** 1-12-03 (850) 224-8122

CR2E037 (10/02)