

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000001598
1. Corporation Name

Shekinah "Renaissance" Ministries, Inc.

Principal Place of Business: **116 Polk Drive Tallahassee, FL 32301**
Mailing Address: **Post Office Box 5705 Tallahassee, Florida 32314**

3. Date Incorporated or Qualified: **April 5, 1995**
3a. Date of Last Report: **N/A**
4. FEI Number: **59-3312485**
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

2. Principal Place of Business: **116 Polk Drive Tallahassee, Florida 32301**
2a. Mailing Address: **Post Office Box 5705 Tallahassee, Florida 32314**
21. Suffix: Apt #, etc.: **Tallahassee, Florida**
22. City & State: **Tallahassee, Florida**
23. Zip: **32301** Country: **U.S.A.**
24. Zip: **32314** Country: **U.S.A.**

9. Name and Address of Current Registered Agent
**Betty Haynie
116 Polk Drive
Tallahassee, Florida 32301**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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: *Betty Haynie* **Betty Haynie/Director** DATE: **5/14/96**

12. OFFICERS AND DIRECTORS

TITLE	Director	<input type="checkbox"/> DELETE
NAME	Betty Jean Haynie	
STREET ADDRESS	116 Polk Drive	
CITY - ST - ZIP	Tallahassee, Florida 32301	
TITLE	Director/Vice-Chair	<input type="checkbox"/> DELETE
NAME	Mary Alice Brown	
STREET ADDRESS	2271 NW 151 Street	
CITY - ST - ZIP	Opa Locka, Florida 33054	
TITLE	Director/Secretary	<input type="checkbox"/> DELETE
NAME	Gwendolyn D. Jackson	
STREET ADDRESS	2213 St. Marks Street	
CITY - ST - ZIP	Tallahassee, Florida 32310	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 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 Haynie* **Betty Haynie, Director** DATE: **5/14/96** (904) 224-8122

CR2E037 (12/95)