

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**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

29 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  
6.4 CITY-ST-ZIP **\*\*\*70.00**

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)