

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90128 008 ****70.00

DOCUMENT # N95000001598

1. Entity Name

SHEKINAH "RENAISSANCE" MINISTRIES, INC.

Principal Place of Business

Mailing Address

116 POLK DRIVE
 TALLAHASSEE FL 32301

PO BOX 5705
 TALLAHASSEE FL 32314-5705

708893



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3312485

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAYNIE, BETTY
116 POLK DRIVE
TALLAHASSEE FL 32301

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEF IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **CURRY, LATANYA**
 CITY-ST-ZIP **5001 RENOIR DRIVE**
ORLANDO FL 32818

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **SIMMONS, STACEY**
 CITY-ST-ZIP **1571 PINE FOREST DRIVE**
TALLAHASSEE FL 32301

TITLE Change 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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-2000 (850) 224-8122
 Date Daytime Phone #