

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90041 003 ****70.00

DOCUMENT # N95000001598

1. Entity Name
SHEKINAH "RENAISSANCE" MINISTRIES, INC.

Principal Place of Business Mailing Address
116 POLK DRIVE PO BOX 5705
TALLAHASSEE FL 32301 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**



DO NOT WRITE IN THIS SPACE

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.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE 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

| | |
|----------------|---|
| 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 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | REYNOLDS, ELEANOR |
| STREET ADDRESS | 76 PACER CIRCLE |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33414 |
| TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BRAHAM, THERESSA |
| STREET ADDRESS | 221 NW 193RD AVENUE |
| CITY-ST-ZIP | PEMBROKE PINE, FL 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 | <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: *SIGNATURE REQUIRED* **Betty Haynie** 1-20-02 (850) 224-8122

CR2E037 (9/01)