

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 23, 2009
Secretary of State**

DOCUMENT# N95000001598

Entity Name: SHEKINAH "RENAISSANCE" MINISTRIES, INC.

Current Principal Place of Business:

116 POLK DRIVE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

PO BOX 5705
TALLAHASSEE, FL 32314

New Mailing Address:

FEI Number: 59-3312485 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HAYNIE, BETTY
116 POLK DRIVE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRAHAM, THEREASA
Address: 221 NW 193RD AVE
City-St-Zip: HOLLYWOOD, FL 33029

Title: D () Delete
Name: BROWN, MARY ALICE
Address: 2271 NW 151ST STREET
City-St-Zip: OPA LOCKA, FL 330542709

Title: STD () Delete
Name: JACKSON, GWENDOLYN
Address: 1576 CHINA GROVE TRAIL
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: HAYNIE, BETTY J
Address: 116 POLK ST.
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: CURRY, LATANYA
Address: 1017 W. COLUMBIA STREET
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: SIMMONS, STACEY
Address: 1571 PINE FOREST DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY J. HAYNIE

DIRE

06/23/2009

Electronic Signature of Signing Officer or Director

_____ Date