

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000001598

**Entity Name:** SHEKINAH "RENAISSANCE" MINISTRIES, INC.

**Current Principal Place of Business:**

5001 POLARIS STREET  
ORLANDO, FL 32819

**Current Mailing Address:**

5001 POLARIS ST  
ORLANDO, FL 32819 US

**FEI Number:** 59-3312485

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

HAYNIE, BETTY  
5001 POLARIS STREET  
ORLANDO, FL 32819 US

*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

**Officer/Director Detail :**

Title            PRESIDENT, TREASURER  
Name            HAYNIE, BETTY J  
Address        5001 POLARIS ST  
City-State-Zip: ORLANDO FL 32819

Title            SECRETARY  
Name            JACKSON, GWENDOLYN  
Address        1576 CHINA GROVE TRAIL  
City-State-Zip: TALLAHASSEE FL 32301

Title            DIRECTOR  
Name            BRAHAM, THEREASA  
Address        221 NW 193RD AVE  
City-State-Zip: HOLLYWOOD FL 33029

Title            D  
Name            CURRY, LATANYA  
Address        POST OFFICE BOX 540011  
City-State-Zip: ORLANDO FL 32854

Title            D  
Name            SIMMONS, STACEY  
Address        71 NORTH CHARLES WILLIS DRIVE  
City-State-Zip: MIDWAY FL 32343

Title            D  
Name            WYNN, EUGENIA  
Address        1360 GOLFAIR BLVD  
City-State-Zip: JACKSONVILLE FL 32209

*I hereby 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 all other like empowered.*

**SIGNATURE:** BETTY HAYNIE

**PRESIDENT**

**01/13/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date