

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000001598 (0)**

1. Corporation Name

SHEKINAH "RENAISSANCE" MINISTRIES, INC.

FILED

98 FEB -5 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

**116 POLK DRIVE
TALLAHASSEE FL 32301**

**PO BOX 5705
TALLAHASSEE FL 32314**

3. Date Incorporated or Qualified

04/05/1995

4. FEI Number

58-3312485

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

5. Certificate of Status Desired **XX** **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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**

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

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

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

TITLE **D** ☐ DELETE
NAME **CURRY, LATANYA**
STREET ADDRESS **3273 EL PRIMO WAY**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **D** ☐ DELETE
NAME **SIMMONS, STACEY**
STREET ADDRESS **129 COLUMBIA DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32304**

1.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
1.2 NAME **ELEANOR REYNOLDS**
1.3 STREET ADDRESS **76 PACERS CIRCLE**
1.4 CITY-ST-ZIP **WEST PALM BEACH, FLORIDA 33414**

2.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
2.2 NAME **THERESSA BRAHAM**
2.3 STREET ADDRESS **221 NW 193rd AVENUE**
2.4 CITY-ST-ZIP **PEMBROKE PINE, FLORIDA 33029**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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** 9/3/98 (850) 224-8122

CR2E037 (10/97)