

**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: **116 POLK DRIVE TALLAHASSEE FL 32301**  
Mailing Address: **PO BOX 5705 TALLAHASSEE FL 32314**

3. Date Incorporated or Qualified: **04/05/1995**  
4. FEI Number: **59-3312485**  
Applied For:  Not Applicable

2. Principal Place of Business  
2a. Mailing Address  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
25. Country  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country  
30. Country

5. Certificate of Status Desired:  **\$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  
85. Zip Code: **FL**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PCEO</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HAYNIE, BETTY J</b>	1.2 NAME	<b>ELEANOR REYNOLDS</b>
STREET ADDRESS	<b>116 POLK DRIVE</b>	1.3 STREET ADDRESS	<b>76 PACERS CIRCLE</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	1.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FLORIDA 33414</b>
TITLE	<b>VO</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BROWN, MARY ALICE</b>	2.2 NAME	<b>THERESSA BRAHAM</b>
STREET ADDRESS	<b>2271 NW 151ST STREET</b>	2.3 STREET ADDRESS	<b>221 NW 193rd AVENUE</b>
CITY-ST-ZIP	<b>OPA LOCKA FL 33054</b>	2.4 CITY-ST-ZIP	<b>PEMBROKE PINE, FLORIDA 33029</b>
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACKSON, GWENDOLYN D</b>	3.2 NAME	
STREET ADDRESS	<b>2213 ST MARKS STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32310</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	<b>HAYNIE, BETTY J</b>	4.2 NAME	
STREET ADDRESS	<b>116 POLK ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CURRY, LATANYA</b>	5.2 NAME	
STREET ADDRESS	<b>3273 EL PRIMO WAY</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32808</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMMONS, STACEY</b>	6.2 NAME	
STREET ADDRESS	<b>129 COLUMBIA DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32304</b>	6.4 CITY-ST-ZIP	

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\*\*\*\*\*70.00 \*\*\*\*\*70.00

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)