

**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  
 TALLAHASSEE FL 32301**

**PO BOX 5705  
 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

7. Name and Address of New Registered Agent

**HAYNIE, BETTY  
 116 POLK DRIVE  
 TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PCEO</b>	<input type="checkbox"/> Delete
NAME	<b>HAYNIE, BETTY J</b>	
STREET ADDRESS	<b>116 POLK DRIVE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, MARY ALICE</b>	
STREET ADDRESS	<b>2271 NW 151ST STREET</b>	
CITY-ST-ZIP	<b>OPA LOCKA FL 33054</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>JACKSON, GWENDOLYN D</b>	
STREET ADDRESS	<b>2213 ST MARKS STREET</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32310</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HAYNIE, BETTY J</b>	
STREET ADDRESS	<b>116 POLK ST.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CURRY, LATANYA</b>	
STREET ADDRESS	<b>5001 RENOIR DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32818</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SIMMONS, STACEY</b>	
STREET ADDRESS	<b>1571 PINE FOREST DRIVE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>REYNOLDS, ELEANOR</b>	
STREET ADDRESS	<b>76 PACER CIRCLE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33414</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRAHAM, THERESSA</b>	
STREET ADDRESS	<b>221 NW 193RD AVENUE</b>	
CITY-ST-ZIP	<b>PEMBROKE PINE, FL 33029</b>	
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: *SHEKINAH "RENAISSANCE" MINISTRIES, INC.* **Betty Haynie** 1-20-02 (850) 224-8122

CR2E037 (9/01)