


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 8:00 am
Secretary of State

01-08-2004 90047 004 ****70.00

DOCUMENT # N95000001598					
1. Entity Name SHEKINAH "RENAISSANCE" MINISTRIES, INC.					
Principal Place of Business 116 POLK DRIVE TALLAHASSEE, FL 32301			Mailing Address 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 <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				01062004 Chg-NP CR2E037 (10/03)	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PCEO	<input type="checkbox"/> Delete		TITLE	DIRECTOR
NAME	HAYNIE, BETTY J			NAME	BRAHAM, THEREASA
STREET ADDRESS	116 POLK DRIVE			STREET ADDRESS	221 NW 193rd AVENUE
CITY-ST-ZIP	TALLAHASSEE, FL 32301			CITY-ST-ZIP	PEMBROKE PINE, FL 33029
TITLE	VD	<input type="checkbox"/> Delete		TITLE	DIRECTOR
NAME	BROWN, MARY ALICE			NAME	REYNOLDS, ELEANOR
STREET ADDRESS	2271 NW 151ST STREET			STREET ADDRESS	76 PACER CIRCLE
CITY-ST-ZIP	OPA LOCKA, FL 33054			CITY-ST-ZIP	WEST PALM BEACH, FL 33414
TITLE	STD	<input type="checkbox"/> Delete		TITLE	STD
NAME	JACKSON, GWENDOLYN D			NAME	JACKSON, GWENDOLYN
STREET ADDRESS	2213 ST MARKS STREET			STREET ADDRESS	1576 CHINA GROVE TRAIL
CITY-ST-ZIP	TALLAHASSEE, FL 32310			CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	HAYNIE, BETTY J			NAME	
STREET ADDRESS	116 POLK ST.			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32301			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	CURRY, LATANYA			NAME	
STREET ADDRESS	1017 W. COLUMBIA STREET			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32805			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	SIMMONS, STACEY			NAME	
STREET ADDRESS	1571 PINE FOREST DRIVE			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32301			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: <i>Betty Haynie</i> BETTY HAYNIE				Date: 1/06/04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small> (850) 224-8122	