


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

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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



01082008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
 59-3312485

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HAYNIE, BETTY
 116 POLK DRIVE
 TALLAHASSEE, FL 32301

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAHAM, THEREASA 221 NW 193RD AVE HOLLYWOOD, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, MARY ALICE 2271 NW 151ST STREET OPA LOCKA, FL 330542709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JACKSON, GWENDOLYN 1576 CHINA GROVE TRAIL TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYNIE, BETTY J 116 POLK ST. TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURRY, LATANYA 1017 W. COLUMBIA STREET ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, STACEY 1571 PINE FOREST DRIVE TALLAHASSEE, FL 32301

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Betty Haynie* Betty Haynie January 7, 2008 (850) 224-8122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #