

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001598

FILED  
Jan 08, 2012  
Secretary of State

**Entity Name:** SHEKINAH "RENAISSANCE" MINISTRIES, INC.

**Current Principal Place of Business:**

116 POLK DRIVE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5705  
TALLAHASSEE, FL 32314

**New Mailing Address:**

**FEI Number:** 59-3312485

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HAYNIE, BETTY  
116 POLK DRIVE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BRAHAM, THEREASA  
Address: 221 NW 193RD AVE  
City-St-Zip: HOLLYWOOD, FL 33029

Title: D  
Name: FLETCHER, MARY  
Address: 524 LYNDAL STREET  
City-St-Zip: TALLAHASSEE, FL 32301

Title: STD  
Name: JACKSON, GWENDOLYN  
Address: 1576 CHINA GROVE TRAIL  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D  
Name: HAYNIE, BETTY J  
Address: 116 POLK ST.  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D  
Name: CURRY, LATANYA  
Address: 1833 HALSTEAD BOULEVARD APT. # 505  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D  
Name: SIMMONS, STACEY  
Address: 1571 PINE FOREST DRIVE  
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BETTY J. HAYNIE

DIR

01/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date