

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 14, 2003 8:00 am**  
**Secretary of State**

01-14-2003 90071 044 \*\*\*\*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

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_

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  
Florida 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, HELEANOR</b>	
STREET ADDRESS	<b>76 PACER CIRCLE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FLORIDA 33414</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRAHAM, THEREASA</b>	
STREET ADDRESS	<b>221 NW 193rd AVENUE</b>	
CITY-ST-ZIP	<b>PEMBROKE PINE, FLORIDA 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	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CURRY, LATANYA</b>	
STREET ADDRESS	<b>1017 WEST COLUMBIA STREET</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32805</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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: Betty J. Haynie SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
1-12-03 (850) 224-8122