

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 **PO BOX 5705**
TALLAHASSEE FL 32301 **TALLAHASSEE FL 32314**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
59-3312485 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



DO NOT WRITE IN THIS SPACE

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REYNOLDS, ELEANOR
STREET ADDRESS	76 PACER CIRCLE
CITY-ST-ZIP	WEST PALM BEACH, FL 33414
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAHAM, THERESSA
STREET ADDRESS	221 NW 193RD AVENUE
CITY-ST-ZIP	PEMBROKE PINE, FL 33029
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)