


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90005 033 ****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	
6. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAHAM, THEREASA		NAME	BROWN, Mary Alice	
STREET ADDRESS	221 NW 193RD AVE		STREET ADDRESS	8271 NW 151st Street	
CITY-ST-ZIP	HOLLYWOOD, FL 33029		CITY-ST-ZIP	Opa Locka, FL 33054-2709	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REYNOLDS, ELEANOR		NAME	Fain, William	
STREET ADDRESS	76 PACER CIRCLE		STREET ADDRESS	1301 Calken Street	
CITY-ST-ZIP	WEST PALM BEACH, FL:33414		CITY-ST-ZIP	Tallahassee, FL 32310	
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, GWENDOLYN		NAME		
STREET ADDRESS	1576 CHINA GROVE TRAIL		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		4/18/05 850.224.8122	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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