


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000001598**

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



Principal Place of Business <b>116 POLK DRIVE          TALLAHASSEE, FL 32301</b>	Mailing Address <b>PO BOX 5705          TALLAHASSEE, FL 32314</b>
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01042006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3312485</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>XXE</b>	<b>\$8.75</b> 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**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

**DO NOT WRITE IN THIS SPACE**

100000390106  
 01/23/06-80013-009.70.00

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 J. Haynie* **Betty J. Haynie** **01/08/2006** **(850) 224-8122**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #