


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90033 034 \*\*\*\*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



01082008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-3312485

Applied For  
 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**

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 reissuing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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**

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 Haynie* Betty Haynie January 7, 2008 (850) 224-8122  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #