

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 23, 2009  
Secretary of State**

DOCUMENT# N95000001598

Entity Name: SHEKINAH "RENAISSANCE" MINISTRIES, INC.

**Current Principal Place of Business:**

116 POLK DRIVE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5705  
TALLAHASSEE, FL 32314

**New Mailing Address:**

FEI Number: 59-3312485      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HAYNIE, BETTY  
116 POLK DRIVE  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: BRAHAM, THEREASA  
Address: 221 NW 193RD AVE  
City-St-Zip: HOLLYWOOD, FL 33029

Title: D      ( ) Delete  
Name: BROWN, MARY ALICE  
Address: 2271 NW 151ST STREET  
City-St-Zip: OPA LOCKA, FL 330542709

Title: STD      ( ) Delete  
Name: JACKSON, GWENDOLYN  
Address: 1576 CHINA GROVE TRAIL  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D      ( ) Delete  
Name: HAYNIE, BETTY J  
Address: 116 POLK ST.  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D      ( ) Delete  
Name: CURRY, LATANYA  
Address: 1017 W. COLUMBIA STREET  
City-St-Zip: ORLANDO, FL 32805

Title: D      ( ) Delete  
Name: SIMMONS, STACEY  
Address: 1571 PINE FOREST DRIVE  
City-St-Zip: TALLAHASSEE, FL 32301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY J. HAYNIE

DIRE

06/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date