

2002 UNIFORM BUSINESS REPORT (UBR)

3/7

FILED
May 01, 2002 8:00 am
Secretary of State

03-07-2002 90062 007 ****61.25

DOCUMENT # N01000005876

1. Entity Name

RENEWING THE MIND BIBLE CHURCH INCORPORATED

Principal Place of Business

5505 SPRING LAKE DR
 LAKELAND FL 33811

Mailing Address

PO BOX 92218
 LAKELAND FL 33804-2218

2. Principal Place of Business

1515 WEST MEMPHIS BLVD

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3732669

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

Zip

33815

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

PETERS, DESMORE
5505 SPRING LAKE DR
LAKELAND FL 33811

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **ERVIN, FRED L**
 STREET ADDRESS **3708 HILEMAN DR SOUTH**
 CITY-ST-ZIP **LAKELAND FL 33810**

TITLE **P, D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **PETERS, DESMORE**
 STREET ADDRESS **5505 SPRING LAKE DR**
 CITY-ST-ZIP **LAKELAND FL 33811**

TITLE **V, D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **WILLIAMS, MARVIN**
 STREET ADDRESS **932 E LOWELL AVE**
 CITY-ST-ZIP **LAKELAND FL 33805**

TITLE **TREASURER, D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Fred L Ervin** **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/02
 Date

863-944-9482
 Daytime Phone #

CR2E037 (9/01)