

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000005876	
1. Entity Name RENEWING THE MIND BIBLE CHURCH INCORPORATED	

Principal Place of Business 1515 WEST MEMORIAL BVLD LAKELAND, FL 33815	Mailing Address PO BOX 92218 LAKELAND, FL 33804-2218
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DO NOT WRITE IN THIS SPACE



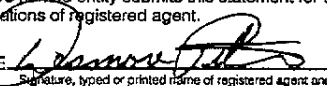
04112004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3732669	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PETERS, DESMORE 5505 SPRING LAKE DR LAKELAND, FL 33811
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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:  4/11/04

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

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	1100000112644 04/14/04-80029-021 61.25
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10. OFFICERS AND DIRECTORS	
TITLE PD	NAME ERVIN, FRED L
STREET ADDRESS 3706 HILEMAN DR SOUTH	CITY-ST-ZIP LAKELAND, FL 33810
TITLE VD	NAME PETERS, DESMORE
STREET ADDRESS 5505 SPRING LAKE DR	CITY-ST-ZIP LAKELAND, FL 33811
TITLE TD	NAME WILLIAMS, MARVIN
STREET ADDRESS 932 E LOWELL AVE	CITY-ST-ZIP LAKELAND, FL 33805
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  4-11-04 863-944-9482

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #