2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000005876

1. Entity Name
RENEWING THE MIND BIBLE CHURCH INCORPORATED

Principal Place of Business	Mailing Address
1515 WEST MEMORIAL BVLD LAKELAND, FL 33815	PO BOX 92218 LAKELAND, FL 33804-2218

03252005 No Chg-NP CR2E037 (10/03)

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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 _____ 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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/30/05-80018-008 61.25

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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)(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 FRED L ERVIN 3-27-05 863-944-9482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #