

RENEWED COV
Corp

RENEWED COVENANT MINISTRY, INC.
Corporate Seal

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2006 8:00 am
Secretary of State

06-21-2006 90001 023 ****62.00

DOCUMENT # N05000005043	
1. Entity Name Out Reach RENEWED COVENANT MINISTRIES, INC. A	

Principal Place of Business 1800 EDGEWOOD AVENUE SUITE 358 JACKSONVILLE, FL 32208	Mailing Address 1800 EDGEWOOD AVENUE SUITE 358 JACKSONVILLE, FL 32208
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66021160



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

06092006 Chg-NP CR2E037 (4/06)

4. FEI Number 51-050-3229	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
BUSINESS FILINGS INCORPORATED 1203 GOVERNOR'S SQ. BLVD. SUITE 101 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
Name DR. HAROLD L. HOLMES
Street Address (P.O. Box Number is Not Acceptable) 1800 Edgewood Avenue West #358
City JACKSONVILLE FL Zip Code 32208

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.

Director *Dr. Harold L. Holmes* (P) **Dr. Harold L. Holmes** 06-18-06
SIGNATURE DATE

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$81.25
Due by September 8, 2006

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Dr. Harold L. Holmes <input type="checkbox"/> Delete 1800 Edgewood Ave. #358 JACKSONVILLE, FLA. 32208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director MR. RONNIE PINKNEY <input type="checkbox"/> Delete 731 Carlyle Place 2967 Indianapolis, Indiana 46201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director MRS. MINDY PINKNEY <input type="checkbox"/> Delete 8335 Freedom Crossing Trail JACKSONVILLE, FLA. 32256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Dr. Harold L. Holmes* 06-18-06 (904) 715-9345 (904) 724-9873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #