

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 07, 2007 8:00 am**  
**Secretary of State**

08-07-2007 90027 008 \*\*\*\*72.00

<b>DOCUMENT # N05000005043</b>	
1. Entity Name RENEWED COVENANT MINISTRIES, INC.	

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

**DO NOT WRITE IN THIS SPACE**



05302007 No Chg-NP CR2E037 (4/06)

4. FEI Number 51-0503229	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HOLMES, DR. HAROLD L  
 1800 EDGEWOOD AVE WEST #358  
 JACKSONVILLE, FL 32208

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. ~~\$5.00~~ May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLMES, DR. HAROLD L 1800 EDGEWOOD AVE #358 JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINKNEY, RONNIE 731 CARLYLE PLACE INDIANAPOLIS, IN 46201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINKNEY, MINDY 8335 FREEDOM CROSSING TRL. #404 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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, be empowered.

**SIGNATURE:** *Dr. Harold L. Holmes* **08.04.07**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #