

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005043

FILED
Jun 01, 2009
Secretary of State

Entity Name: RENEWED COVENANT MINISTRIES, INC.

Current Principal Place of Business:

1800 EDGEWOOD AVENUE SUITE 358
358
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

1800 EDGEWOOD AVENUE SUITE 358
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 51-0503229 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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: DR. HAROLD L. HOLMES

06/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOLMES, DR. HAROLD L
Address: 1800 EDGEWOOD AVE #358
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: PINKNEY, RONNIE
Address: 731 CARLYLE PLACE
City-St-Zip: INDIANAPOLIS, IN 46201

Title: D () Delete
Name: PINKNEY, MINDY
Address: 2666ASANFRANCISCO BLVD.
City-St-Zip: ORANGE PARK, FL 32065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR.HAROLD L. HOLMES

DIR

06/01/2009

Electronic Signature of Signing Officer or Director

Date