

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000010924

Entity Name: RENOVATION LIFE CHURCH, INC.

Current Principal Place of Business:

2908 LANGDON LANE S
KISSIMMEE, FL 34741

Current Mailing Address:

2908 LANGDON LANE S
KISSIMMEE, FL 34741 US

FEI Number: 46-4144932

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHOWLER, KAREN
2908 LANGDON LANE S
KISSIMMEE, FL 34741 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title	PRESIDENT
Name	SHOWLER, PHILIP
Address	2908 LANGDON LANE S
City-State-Zip:	KISSIMMEE FL 34741
Title	VP, SECRETARY
Name	SHOWLER, KAREN
Address	2908 LANGDON LANE S
City-State-Zip:	KISSIMMEE FL 34741
Title	DIRECTOR
Name	SHOWLER, STEPHEN
Address	3114 COUNTRY VILLA DRIVE
City-State-Zip:	MONROE NC 28110
Title	DIRECTOR
Name	WATERS, GLENDA
Address	107 COUNTRY MEADOW LANE
City-State-Zip:	KINGS MOUNTAIN NC 28086

Title	DIRECTOR
Name	BENDELE, CHERYL
Address	9701 N. ROAD 33
City-State-Zip:	POLK CITY FL 33868
Title	DIRECTOR
Name	BENDELE, PAUL
Address	9701 N. ROAD 33
City-State-Zip:	POLK CITY FL 33868
Title	TREASURER
Name	SMITH, JILLIAN
Address	4506 BRANDEIS AVE
City-State-Zip:	ORLANDO FL 32839
Title	DIRECTOR
Name	ALICEA, EVELYN
Address	2129 LINDEN ROAD
City-State-Zip:	WINTER PARK FL 32792

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: KAREN SHOWLER

VP/SECRETARY

01/17/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GROVER, JOSH
Address 1876 RASPBERRY CANE COURT
City-State-Zip: LONGWOOD FL 32750