

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000010924

**FILED**  
**Feb 10, 2016**  
**Secretary of State**  
**CC2105244059**

**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            D  
Name            BENDELE, CHERYL  
Address        9701 N. ROAD 33  
City-State-Zip: POLK CITY FL 33868

Title            VP, SECRETARY  
Name            SHOWLER, KAREN  
Address        2908 LANGDON LANE S  
City-State-Zip: KISSIMMEE FL 34741

Title            D  
Name            BENDELE, PAUL  
Address        9701 N. ROAD 33  
City-State-Zip: POLK CITY FL 33868

Title            DIRECTOR  
Name            SHOWLER, STEPHEN  
Address        3114 COUNTRY VILLA DRIVE  
City-State-Zip: MONROE NC 28110

Title            TREASURER  
Name            SMITH, JILLIAN  
Address        4506 BRANDEIS AVE  
City-State-Zip: ORLANDO FL 32839

Title            DIRECTOR  
Name            WATERS, GLENDA  
Address        107 COUNTRY MEADOW LANE  
City-State-Zip: KINGS MOUNTAIN NC 28086

*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

**SECRETARY**

**02/10/2016**

Electronic Signature of Signing Officer/Director Detail

Date