

2017 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

FILED
Jan 14, 2017
Secretary of State
CC5554938212

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 DIRECTOR
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 DIRECTOR
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

Title DIRECTOR
Name ALICEA, EVELYN
Address 2129 LINDEN ROAD
City-State-Zip: WINTER PARK FL 32792

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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, VP

01/14/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GROVER, JOSH
Address 2302 AMHERST AVE
City-State-Zip: ORLANDO FL 32804