

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000010924

Entity Name: RENOVATION LIFE CHURCH, INC.

Current Principal Place of Business:

2220 E IRLO BRONSON MEMORIAL HWY
STE 4
KISSIMMEE, FL 34744

Current Mailing Address:

2220 E. IRLO BRONSON MEMORIAL HWY
STE 4
KISSIMMEE, FL 34744 US

FEI Number: 46-4144932

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHOWLER, KAREN
1983 FORTUNE ROAD LOT R15
KISSIMMEE, FL 34744 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, PHIL
Address 1983 FORTUNE ROAD LOT R15
City-State-Zip: KISSIMMEE FL 34744

Title DIRECTOR
Name BENDELE, CHERYL
Address 473 DELAWARE CIRCLE
City-State-Zip: BOLINGBROOK IL 60440

Title VP, SECRETARY
Name SHOWLER, KAREN M
Address 1983 FORTUNE ROAD LOT R15
City-State-Zip: KISSIMMEE FL 34744

Title DIRECTOR
Name BENDELE, PAUL
Address 473 DELAWARE CIRCLE
City-State-Zip: BOLINGBROOK IL 60440

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 1935 HEWETT LANE
City-State-Zip: MAITLAND FL 32751

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

SECRETARY

02/23/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HART, JAN
Address 1826 VETERANS DRIVE
City-State-Zip: KISSIMMEE FL 34744

Title DIRECTOR
Name NOWROUZI, KRISTI
Address 105 N. SPRING TRAIL
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name NOWROUZI, ANDREW
Address 105 N. SPRING TRAIL
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name GOLDSTEIN, MARK
Address 1539 SOLWAY CT
City-State-Zip: APOPKA FL 32712