

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000010924

**FILED**  
**Feb 09, 2015**  
**Secretary of State**  
**CC8541911202**

**Entity Name:** RENOVATION LIFE CHURCH, INC.

**Current Principal Place of Business:**

3051 GREYSTONE LOOP  
UNIT 206  
KISSIMMEE, FL 34741

**Current Mailing Address:**

3051 GREYSTONE LOOP  
UNIT 206  
KISSIMMEE, FL 34741

**FEI Number:** 46-4144932

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHOWLER, KAREN  
3051 GREYSTONE LOOP  
UNIT 206  
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       3051 GREYSTONE LOOP #206  
City-State-Zip: KISSIMMEE FL 34741

Title           D  
Name           BENDELE, CHERYL  
Address       5215 LAVAL DR.  
City-State-Zip: ORLANDO FL 32839

Title           VP, SECRETARY  
Name           SHOWLER, KAREN  
Address       3051 GREYSTONE LOOP #206  
City-State-Zip: KISSIMMEE FL 34741

Title           D  
Name           BENDELE, PAUL  
Address       5215 LAVAL DR.  
City-State-Zip: ORLANDO FL 32839

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

**VP, SECRETARY**

**02/09/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date