

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000005250

Entity Name: RENOVATE LIFE, INC.**Current Principal Place of Business:**10401 POST OFFICE BLVD W.
621644
ORLANDO, FL 32862**Current Mailing Address:**P.O. BOX 621644
ORLANDO, FL 32862-1644 US**FEI Number:** 47-3931377**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HUME, ANGELA R
10401 POST OFFICE BLVD W.
621644
ORLANDO, FL 32862 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:** ANGELA HUME

03/13/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D/P
Name	HUME, ANGELA R
Address	10401 POST OFFICE BLVD W. 621644
City-State-Zip:	ORLANDO FL 32862

Title	CEO
Name	HUME, ANGELA R
Address	10401 POST OFFICE BLVD W. 621644
City-State-Zip:	ORLANDO FL 32862

Title	D/VP
Name	DAVIDSON, JAMES
Address	4328 SILVER CREEK ST
City-State-Zip:	KISSIMMEE FL 34744

Title	TREASURER
Name	PRICE, JULIUS
Address	1452 BRUTON BLVD
City-State-Zip:	ORLANDO FL 32805

Title	SECRETARY
Name	FRAZIER, CASSANDRA
Address	14014 ITHACA WAY
City-State-Zip:	ORLANDO FL 32826

Title	DIRECTOR
Name	HUME, ANGELA
Address	10401 POST OFFICE BLVD W. 621644
City-State-Zip:	ORLANDO FL 32862

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: ANGELA HUME**PRESIDENT/CEO**

03/13/2024

Electronic Signature of Signing Officer/Director Detail

Date