

**2023 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

03/28/2023

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

CEO

03/28/2023

Electronic Signature of Signing Officer/Director Detail

Date