2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006
Secretary of State

DOCUMENT# 700152

Entity Name: RENEWED LIFE MINISTRIES, INCORPORATED OF JACKSONVILLE, FL.

Current Principal Place of Business:

3848 ST. AUGUSTINE RD.
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

3848 ST. AUGUSTINE RD.
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 05-0134082 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, LARRY C SR
440 IREX RD
ATLANTIC BEACH, FL 32233 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BROWN, LARRY C., SR,
Address: 440 IREX RD
City-St-Zip: ATLANTIC BCH, FL

Title: SD ( ) Delete
Name: JEFFERSON, MARCIA D.,
Address: 2862 ROCKMONT AVE.
City-St-Zip: JACKSONVILLE, FL

Title: TCD ( ) Delete
Name: ELLIS, CRAWLEY L.,
Address: 1727 BREWSTER ROAD
City-St-Zip: JACKSONVILLE, FL

Title: TC ( ) Delete
Name: MANNING, HAROLD,
Address: 2824 W. BELAIR RD
City-St-Zip: JACKSONVILLE, FL

Title: V ( ) Delete
Name: BROWN, BARBARA
Address: 440 IREX RD
City-St-Zip: ATLANTIC BEACH, FL 32233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BARBARA BROWN EXE 02/07/2006

Electronic Signature of Signing Officer or Director — Date