

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700152

FILED  
Mar 12, 2009  
Secretary of State

**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 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: LARRY C BROWN

PD

03/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date