



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90056 002 ****61.25

DOCUMENT # 738830 1. Entity Name CHRISTIAN RENEWAL INSTITUTE, INC.					
Principal Place of Business 1066 ARLINGTON ROAD JACKSONVILLE, FL 32211				Mailing Address 1066 ARLINGTON ROAD JACKSONVILLE, FL 32211	
2. Principal Place of Business 7701 TIMBERLIN PARK BLVD Suite, Apt. #, etc. UNIT 1112 City & State JACKSONVILLE, FL. Zip 32256		3. Mailing Address 7701 TIMBERLIN PARK BLVD Suite, Apt. #, etc. UNIT 1112 City & State JACKSONVILLE, FL Zip 32256			
4. FEI Number 59-1735872				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOTTUSO, MARIO P 1066 ARLINGTON DR. JACKSONVILLE, FL 32211			7. Name and Address of New Registered Agent Name ANN M. RICHMAN Street Address (P.O. Box Number is Not Acceptable) UNIT 1112 7701 TIMBERLIN PARK BLVD City JACKSONVILLE FL Zip Code 32256		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>Ann M. Richman</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		ANN M. RICHMAN <small>(NOTE: Registered Agent signature required when reinstating)</small>		2/18/05 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution.		\$5.00 May Be Added to Fees.	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOTTUSO, MARIO P 3736 PIZZARRO RD. JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D RICHMAN, ANN M. 7701 TIMBERLIN PARK BLVD - UNIT 1112 JACKSONVILLE, FL. 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GOTTUSO, MARIO P 3736 PIZZARRO ROAD JACKSONVILLE FL.	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/D HUGHES, JUDITH A. 7701 TIMBERLIN PARK BLVD - UNIT 1112 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUGHES, JUDITH 12608 CHAPELTOWN CIR. W JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAURICHTER, LEAH L. 7701 TIMBERLIN PARK BLVD - UNIT 1112 JACKSONVILLE, FL. 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RICHMAN, ANN 12608 CHAPELTOWN CIR. W JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAURICHTER, LEAH 12608 CHAPELTOWN CIR. W JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD GOTTUSO, BARBARA 3736 PIZZARRO RD. JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Ann M. Richman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/18/05 (904) 519-9290 <small>Date Daytime Phone #</small>		