


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90012 044 ****61.25

DOCUMENT # 738830 1. Entity Name CHRISTIAN RENEWAL INSTITUTE, INC.					
Principal Place of Business 7701 TIMBERLIN PARK BLVD UNIT 1112 JACKSONVILLE, FL 32256				Mailing Address 7701 TIMBERLIN PARK BLVD UNIT 1112 JACKSONVILLE, FL 32256	
2. Principal Place of Business 12613 CHAPELTOWN CIRCLE WEST Suite, Apt. #, etc.		3. Mailing Address 12613 CHAPELTOWN CIRCLE WEST Suite, Apt. #, etc.			
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL		4. FEI Number 59-1735872	
Zip 32225		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICHMAN, ANN M 7701 TIMBERLIN PARK BLVD UNIT 1112 JACKSONVILLE, FL 32256				7. Name and Address of New Registered Agent Name RICHMAN, ANN M. Street Address (P.O. Box Number is Not Acceptable) 12613 CHAPELTOWN CIRCLE WEST City JACKSONVILLE FL Zip Code 32225	
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: <u><i>Ann M. Richman</i></u> ANN M. RICHMAN PRESIDENT <u>1/6/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 RICHMAN, ANN M <input type="checkbox"/> Delete 7701 TIMBERLIN PARK BLVD UNIT 1112 JACKSONVILLE, FL 32256		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D RICHMAN, ANN M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12613 CHAPELTOWN CIRCLE WEST JACKSONVILLE, FL 32225	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HUGHES, JUDITH A <input type="checkbox"/> Delete 7701 TIMBERLIN PARK BLVD UNIT 1112 JACKSONVILLE, FL 32256		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/D HUGHES, JUDITH A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12613 CHAPELTOWN CIRCLE WEST JACKSONVILLE, FL 32225	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D BAURICHTER, LEAH L <input type="checkbox"/> Delete 7701 TIMBERLIN PARK BLVD UNIT 1112 JACKSONVILLE, FL 32256		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D BAURICHTER, LEAH L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12613 CHAPELTOWN CIRCLE WEST JACKSONVILLE, FL 32225	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RICHMAN, ANN <input checked="" type="checkbox"/> Delete 12608 CHAPELTOWN CIR. W JACKSONVILLE, FL 32225		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAURITCHTER, LEAH <input checked="" type="checkbox"/> Delete 12608 CHAPELTOWN CIR. W JACKSONVILLE, FL 32225		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 exemptions contained 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 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: <u><i>Ann M. Richman</i></u> ANN M. RICHMAN <u>1/6/06</u> <u>(904) 220-4304</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>					