


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 738830</b> 1. Entity Name <b>CHRISTIAN RENEWAL INSTITUTE, INC.</b>	
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Principal Place of Business <b>12613 CHAPELTOWN CIRCLE W JACKSONVILLE, FL 32225</b>	Mailing Address <b>12613 CHAPELTOWN CIRCLE W JACKSONVILLE, FL 32225</b>
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**DO NOT WRITE IN THIS SPACE**



01132008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-1735872</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**RICHMAN, ANN M  
12613 CHAPELTOWN CIR W  
JACKSONVILLE, FL 32225**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHMAN, ANN M 12613 CHAPELTOWN CIR W JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HUGHES, JUDITH A 12613 CHAPELTOWN CIR W JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D BAURICHTER, LEAH L 12613 CHAPELTOWN CIRCLE W. JACKSONVILLE, FL 32225
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IN THIS SPACE**

U00000849772  
03/21/08-80034-003 61.25

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: *Ann M. Richman* 03/02/2008 (904) 220-4304  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ANN M. RICHMAN PD