


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90053 048 ****61.25

DOCUMENT # 753682	
1. Entity Name RENAISSANCE INSTITUTE OF AMERICAN CHURCHES, INC.	

Principal Place of Business 2229 PELLAM AVE BALTIMORE, MD 21213 US	Mailing Address 2229 PELHAM AVE BALTIMORE, MD 21213 US
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50014315



01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3145856	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MINSHALL, ARTHUR 1624 PARABELLA DR JACKSONVILLE, FL 32221 JOE ULLRICK 206 S. BRADFORD AVE TAMPA, FL 33609

**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 *Joseph E. Smith* DATE 1/15/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

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	D STUART, TINA 7929 TROPICANNA ST MIRAMAR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MINSHALL, BRINTON P 2229 PELHAM AVE BALTIMORE, MD 21213
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUART, COLIN 7929 TROPICANNA ST. MIRAMAR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WANCOWICZ, SANDRA 1807 BRIARCLIFF RD BALTIMORE, MD 21234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Joseph E. Smith* DATE 2/09/05 DAYTIME PHONE # 410-662-1726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR