


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 10, 2006 08:00 AM
Secretary of State

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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3145856	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent ULLRICCI, JOE 206 S. BRADFORD AVE TAMPA FL 33609				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: 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	D STUART, TINA 7929 TROPICANNA ST MIRAMAR FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MINSHALL, BRINTON P 2229 PELHAM AVE BALTIMORE MD 21213		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STUART, COLIN 7929 TROPICANNA ST. MIRAMAR FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WANCOWICZ, SANDRA 1807 BRIARCLIFF RD BALTIMORE MD 21234		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STUART, COLIN 7929 TROPICANNA ST. MIRAMAR FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STUART, COLIN 7929 TROPICANNA ST. MIRAMAR FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STUART, COLIN 7929 TROPICANNA ST. MIRAMAR FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STUART, COLIN 7929 TROPICANNA ST. MIRAMAR FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STUART, COLIN 7929 TROPICANNA ST. MIRAMAR FL		<input type="checkbox"/> Delete		



1st MOORE CR2E037 (10/05)

\$8.75 Additional
Fee Required

FL

Zip Code

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature] Brinton P. Minshall 410-66217