

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2007 08:00 A
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**



02152007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3145856

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ULLRICCI, JOE
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

U000000557410
03/14/07-80067-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/07 410-662-1726