FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 APR 19 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 762275 (6)

1. Corporation Name

THE CHRISTIAN CHURCH OF LIFE'S RENEWAL, INC.

Principal Place of Business	Mailing Address
2839 ROCKINGHAM CIRCLE PO BOX 150525 ORLANDO FL 32808-3306	2839 ROCKINGHAM CIRCLE PO BOX 150525 ORLANDO FL 32808-3306

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1982
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-2149182 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HICKSTEIN, REGINA S.
4202 CROSSEN DR
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81 Name: LISA L. EVANS
82 Street Address (P.O. Box Number is Not Acceptable): 43 INTERLAKEN RD.
83: ORLANDO
84 City: ORLANDO FL 85 Zip Code: 32804

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section [redacted] Florida Statutes.

SIGNATURE: [redacted] Lisa L Evans 4-11-95
Signature, typed or printed name of registered agent and title if applicable — Signature of New Registered Agent (signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	EVANS, BOYD D.	1.2 NAME	
STREET ADDRESS	2839 ROCKINGHAM CIR'	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	EVANS, CHRISTINE C.	2.2 NAME	
STREET ADDRESS	2839 ROCKINGHAM CIR'	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32808	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	EVANS, ALEXANDER	3.2 NAME	
STREET ADDRESS	2839 ROCKINGHAM CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	EVANS, KURT W.	4.2 NAME	
STREET ADDRESS	2839 ROCKINGHAM CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	EVANS, MARIO T.	5.2 NAME	
STREET ADDRESS	2839 ROCKINGHAM CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	EVANS, ROSEMARIE	6.2 NAME	
STREET ADDRESS	2839 ROCKINGHAM CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Boyd D. Evans, S.D. 4-11-95 407-298-9496
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

BOYD D. EVANS, S.D.

0039941