

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 762275 (6)

1. Corporation Name

THE CHRISTIAN CHURCH OF LIFE'S RENEWAL, INC.



Principal Place of Business

2839 ROCKINGHAM CIRCLE
PO BOX 150525
ORLANDO FL 32808-3306

Mailing Address

2839 ROCKINGHAM CIRCLE
PO BOX 150525
ORLANDO FL 32808-3306

3. Date Incorporated or Qualified
03/03/1982

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EVANS, LISA L.
43 INTERLAKEN RD.
ORLANDO FL 32804

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD
NAME EVANS, BOYD D.
STREET ADDRESS 2839 ROCKINGHAM CIR
CITY-ST-ZIP ORLANDO FL ☐ DELETE

1.1 TITLE D
1.2 NAME PAUL BENTAMIN EVANS
1.3 STREET ADDRESS 2839 ROCKINGHAM CIRCLE
1.4 CITY-ST-ZIP ORLANDO, FL 32808 ☐ Change ☒ Addition

TITLE TD
NAME EVANS, CHRISTINE C.
STREET ADDRESS 2839 ROCKINGHAM CIR
CITY-ST-ZIP ORLANDO FL 32808 ☐ DELETE

2.1 TITLE D
2.2 NAME SARAH LOUISE EVANS
2.3 STREET ADDRESS 2839 ROCKINGHAM CIRCLE
2.4 CITY-ST-ZIP ORLANDO, FL. 32808 ☐ Change ☒ Addition

TITLE D
NAME EVANS, ALEXANDER
STREET ADDRESS 2839 ROCKINGHAM CIR
CITY-ST-ZIP ORLANDO FL ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME EVANS, KURT W.
STREET ADDRESS 2839 ROCKINGHAM CIRCLE
CITY-ST-ZIP ORLANDO FL ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME EVANS, MARIO T.
STREET ADDRESS 2839 ROCKINGHAM CIRCLE
CITY-ST-ZIP ORLANDO FL ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME EVANS, ROSEMARIE
STREET ADDRESS 2839 ROCKINGHAM CIRCLE
CITY-ST-ZIP ORLANDO FL ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Boyd D. Evans
Date 2-15-96
Daytime Phone #

CR2E037 (12/95)