

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90066 038 ****61.25

671163



DO NOT WRITE IN THIS SPACE

DOCUMENT # 762275
1. Entity Name
THE CHRISTIAN CHURCH OF LIFE'S RENEWAL, INC.

Principal Place of Business 2839 ROCKINGHAM CIRCLE ORLANDO FL 32808-3306 US	Mailing Address 2839 ROCKINGHAM CIRCLE ORLANDO FL 32808-3306 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2149182	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
EVANS, LISA L.
43 INTERLAKEN RD.
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EVANS, LISA I 43 INTERLAKEN RD. ORLANDO FL 32804	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EVANS, KELLY L 2839 ROCKINGHAM CIR ORLANDO FL 32808	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOODY, MATTHEW 2839 ROCKINGHAM CIR ORLANDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EVANS, BOYD D 2839 ROCKINGHAM CIRCLE ORLANDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, JACOB C 2839 ROCKINGHAM CIRCLE ORLANDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Boyd D. Evans, PD **1-06-2001**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 447-292-9496

CR2E037 (10/00)