2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#770856

FILED Apr 29, 2005 Secretary of State

Entity Name: RENACER EVANGELIST MINISTERIES INC.

Current Principal Place of Business: New Principal Place of Business: 4450 NW 135 STREET OPA LOCKA, FL 33054 US **Current Mailing Address: New Mailing Address:** P.O. BOX 540993 OPA LOCKA, FL 33054 US FEI Number: 59-2459214 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VELEZ, ELOISA CRUZ-SANCHEZ, ELOISA 6707 BROOKLINÉ DR. 6707 BROOKLINE DR. MIAMI, FL 33015 MIAMI, FL 33015 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: ELOISA CRUZ-SANCHEZ 04/29/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ROSARIO, BOBBY Name: Name: 19815 NW 34 AVE Address: Address: City-St-Zip: MIAMI, FL 33156 City-St-Zip: Title: Title: (X) Change () Addition () Delete VELEE, ELOISA Name: CRUZ-SANCHEZ, ELOISA Name: Address: 6707 BROOKLINE DR Address: 6707 BROOKLINE DR City-St-Zip: MIAMI LAKES, FL 33015 City-St-Zip: MIAMI LAKES, FL 33015 Title: PDC () Delete Title: () Change () Addition MERCADO, ANGEL L Name: Name: Address: 2663 W MEDILL ST Address: City-St-Zip: CHICAGO, IL 60647 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: RIVERO, EDUARDO, Name: Address: 1121 ORIOLE AVE Address: City-St-Zip: MIAMI SPRINGS, FL City-St-Zip: Title: SMD () Delete Title: SMD (X) Change () Addition ROSARIO, ANA Name: Name: ROSARIO, ANA 19815 NEW 34TH AVE 19815 NW 34TH AVE Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: MIAMI, FL 33056 Title: () Delete Title: () Change () Addition CRUZ, BOBBY REV Name: Name: Address: 9735 NW 51 TERR Address: MIAMI, FL 33178 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOBBY ROSARIO PD 04/29/2005