

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005804

FILED
Apr 16, 2009
Secretary of State

Entity Name: RENEWAL ASSOCIATES, INCORPORATED

Current Principal Place of Business:

617 S PHELPS AVE
WINTER PARK, FL 32789

New Principal Place of Business:

311 N. KNOWLES AVENUE
SUITE 102
WINTER PARK, FL 32789

Current Mailing Address:

617 S PHELPS AVE
WINTER PARK, FL 32789

New Mailing Address:

311 N. KNOWLES AVENUE
SUITE 102
WINTER PARK, FL 32789

FEI Number: 33-0383844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, DAVID
617 S PHELPS AVE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

BAKER, DAVID H
311 N. KNOWLES AVENUE
SUITE 102
WINTER PARK, FL 32789 US

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: DAVID H. BAKER

04/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BAKER, DAVID H
Address: 617 S PHELPS AVE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: BAGGOTT, ROBERT T III
Address: 3140 ZIRCON LANE N.
City-St-Zip: PLYMOUTH, MN

Title: D () Delete
Name: BLACKMON, A. THOMAS
Address: 8011 DOUGLAS
City-St-Zip: DALLAS, TX 75225

Title: ST (X) Delete
Name: BAKER, REBECCA J
Address: 617 S PHELPS AVE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BAKER, DAVID H
Address: 311 N. KNOWLES AVENUE, SUITE 102
City-St-Zip: WINTER PARK, FL 32789

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BLACKMON, A. THOMAS
Address: 120 S. NEW HAMPSHIRE STREET
City-St-Zip: COVINGTON, LA 70433

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAVID H. BAKER

D

04/16/2009

Electronic Signature of Signing Officer or Director

Date