2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006
Secretary of State

DOCUMENT# N00000000890

Entity Name: RENEWED LIFE MINISTRIES SOUTH FLORIDA, INC.

Current Principal Place of Business:

2575 LONE PINE ROAD
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 31149
PALM BEACH GARDENS, FL 334201149 US

New Mailing Address:

FEI Number: 52-2216131 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMMS, JP III
2575 LONE PINE ROAD
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	RAY, HAROLD	
Address:	2101 N. AUSTRALIAN AVENUE	
City-St-Zip:	WEST PALM BEACH, FL 33407	
Title:	STD	( ) Delete
Name:	SIMMS, JP III	
Address:	2575 LONE PINE ROAD	
City-St-Zip:	PALM BEACH GARDENS, FL 334201149	
Title:	D	( ) Delete
Name:	PETERS, TOM	
Address:	7255 SOUTH MILITARY TRAIL	
City-St-Zip:	LAKE WORTH, FL 33463	
Title:	D	( ) Delete
Name:	SHIPMAN, FRED	
Address:	365 JOG ROAD	
City-St-Zip:	WEST PALM BEACH, FL 33415	
Title:	D	( ) Delete
Name:	GORDON, HARRY	
Address:	1903 AVE I	
City-St-Zip:	FT. PIERCE, FL 34950	
Title:	PD	( ) Delete
Name:	FAIRCLOTH, DALE	
Address:	10701 OKEECHOBEE BLVD	
City-St-Zip:	ROYAL PALM BEACH, FL 334111416	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: J P SIMMS III STD 03/31/2006

Electronic Signature of Signing Officer or Director — Date