2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000890

FILED Jul 06, 2007 Secretary of State

Entity Name: RENEWED LIFE MINISTRIES SOUTH FLORIDA, INC.

Current D			
Current Principal Place of Business:		New Principal Place of Business:	
	E PINE ROAD ACH GARDENS, FL 33410		
Current Mailing Address:		New Mailing Address:	
P.O. BOX PALM BEA	31149 ACH GARDENS, FL 334201149 US		
ln accordan	: 52-2216131 FEI Number Applied For() FEI nce with s. 607.193(2)(b), F.S., the corporation did not received Address of Current Registered Agent:	-	
	P III E PINE ROAD ACH GARDENS, FL 33410 US		
	e named entity submits this statement for the purpos e of Florida.	e of changing	its registered office or registered agent, or both
SIGNATUI	RE:		
	Electronic Signature of Registered Agent		Date
OFFICER	S AND DIRECTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTO
	D () Delete	Title.	D (20) Ohamas () A 189
√ame: Address:	RAY, HAROLD 2101 N. AUSTRALIAN AVENUE WEST PALM BEACH, FL 33407	Title: Name: Address: City-St-Zip:	D (X) Change () Addition WHITTER, RICK PO BOX 31149 PALM BEACH GARDENS, FL 334201149
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	RAY, HAROLD 2101 N. AUSTRALIAN AVENUE	Name: Address:	WHITTER, RICK PO BOX 31149
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	RAY, HAROLD 2101 N. AUSTRALIAN AVENUE WEST PALM BEACH, FL 33407 STD () Delete SIMMS, JP III 2575 LONE PINE ROAD	Name: Address: City-St-Zip: Title: Name: Address:	WHITTER, RICK PO BOX 31149 PALM BEACH GARDENS, FL 334201149
Name: Address: City-St-Zip: Title: Name: Address:	RAY, HAROLD 2101 N. AUSTRALIAN AVENUE WEST PALM BEACH, FL 33407 STD () Delete SIMMS, JP III 2575 LONE PINE ROAD PALM BEACH GARDENS, FL 334201149 D () Delete PETERS, TOM 7255 SOUTH MILITARY TRAIL	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	WHITTER, RICK PO BOX 31149 PALM BEACH GARDENS, FL 334201149 () Change () Addition
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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: J P SIMMS III STD 07/06/2007