2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N00000000986 Apr 04, 2001 8:00 am Secretary of State JESUS CHRIST RENAISSANCE CHURCH INC. 04-04-2001 90497 039 \*\*\*\*70.00 Principal Place of Business Mailing Address 6010 PARK HAMILTON BLVD. APT. 294 ORLANDA, FLORIDA, 32808 641812 2. Principal Place of Business 3. Mailing Address SAME AS LINE TWO 6010 PARK HAMILTON BLVD. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE APT. 294 City & State City & State 4. FEI Number Applied For 59-3692736 Not Applicable ORLANDO, FLORIDA Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 328<u>08</u> ORANGE 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JEROME SMITH SR. 6010 PARK HAMILTON BLVD. Street Address (P.O. Box Number is Not Acceptable) APT. 294 ORLANDO, FLORIDA, 32808 Zip Code FL 8. The above named entity submits this statement for the purpose of phynging its registered office or registered agent, or both, in the state of Florida. SIGNATURE PASTOR JEROME SMITH SR Signature, typed or printed name of registered agent and Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5:00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change TITLE ☐ Delete TITLE P/T/D/M NAME NAME ORLANDO, FLA. 32808 JEROME SMITH SR. STREET ADDRESS STREET ADDRESS 6010 PARK HAMILTON BLVD. APT. 294 CITY-ST-ZIP CITY-ST-ZIP TITLE Change TITLE ☐ Delete NAME ORLANDO, FLA. 32811 NAME CONSTANCE P. SMITH STREET ADDRESS STREET ADDRESS 4662 KIRKLAND BLVD. CITY-ST-ZIP CITY-ST-ZIP Change TITLE D TITLE ☐ Delete NAME NAME GWENDOLYN SMITH KANNAPOLIS, NC 28083 STREET ADDRESS STREET ADDRESS 1537 OAK CREST DRIVE CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE □ Delete D NAME NAME ORLANDO, FLA. 32808 JEROME SMITH JR. STREET ADDRESS STREET ADDRESS 7124 SCRUB OAK LANE CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 sequired by Chapter 17, 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 empowere SIGNATURE: PASTOR JEROME SMITH SR. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE. OFFICER OR DIRECTOR