

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90326 041 \*\*\*\*70.00

DOCUMENT # N00000000986

1. Entity Name

JESUS CHRIST RENAISSANCE CHURCH INC.



**DO NOT WRITE IN THIS SPACE**

24046210

2. Principal Place of Business

5429 POINTE VISTA CIRCLE

Suite, Apt. #, etc.

APT. 108

City & State

ORLANDO, FLORIDA

Zip

32839

Country

ORANGE

3. Mailing Address

5429 POINTE VISTA CIRCLE

Suite, Apt. #, etc.

apt. 108

City & State

ORLANDO, FLORIDA

Zip

32839

Country

ORANGE

4. FEI Number

59-3692736

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

JEROME SMITH SR.

Street Address (P.O. Box Number is Not Acceptable)

5429 POINTE VISTA CIRCLE

APT. 108

City

ORLANDO

FL

Zip Code  
32839

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE PASTOR JEROME SMITH SR.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-04

**FEE IS \$61.25**  
Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P-T-D-M  
JEROME SMITH SR.  
5429 POINTE VISTA CIR. APT.108  
ORLANDO, FLORIDA 32839

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V-D  
GWENDOLYN SMITH  
5429 POINTE VISTA CIRCLE APT.108  
ORLANDO, FLORIDA 32839

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LISA L. AYARS  
3122-ATWATER-DRIVE  
ORLANDO, FLORIDA 32825

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D-S  
LATAUSHA D. SMITH  
7124 SCRUB OAK LANE  
ORLANDO, FLORIDA 32808

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

JEROME SMITH SR.

SIGNATURE: Pastor Jerome Smith Sr.

4-14-04 407-251-9671

CR2E037B (12/02)