

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90065 012 \*\*\*\*70.00

<b>DOCUMENT # N00000000986</b> 1. Entity Name <b>JESUS CHRIST RENAISSANCE CHURCH INC.</b>			
Principal Place of Business <b>5429 POINTE VISTA CIRCLE</b> <b>108</b> <b>ORLANDO, FL 32839 US</b>		Mailing Address <b>5429 POINTE VISTA CIRCLE</b> <b>108</b> <b>ORLANDO, FL 32839 US.</b>	
2. Principal Place of Business - No P.O. Box # <b>7050 S. Kirkmand Rd.</b>		3. Mailing Address <b>6055 Westgate Dr.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>521</b>	
City & State <b>Orlando Fla.</b>		City & State <b>Orlando, Florida</b>	
Zip <b>32819</b>		Zip <b>32835</b>	
Country <b>U.S.</b>		Country <b>U.S.</b>	
4. FEI Number <b>59-3692736</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SMITH, JEROME ELDER</b> <b>5429 POINTE VISTA CIRCLE</b> <b>APT 108</b> <b>ORLANDO, FL 32839</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		<b>\$5.00</b> May Be Added to Fees	
		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDM SMITH, JEROME SR 5429 POINTE VISTA CIRCLE APT 108 ORLANDO, FL 32839	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDM Smith, Jerome Sr. 6055 Westgate Dr. Apt. 521 Orlando, Florida, 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT SMITH, GWENDOLYN 5429 POINTE VISTA CIRCLE APT. 108 ORLANDO, FL 32839	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS AYARS, LISA L 3122 A1 WATER DRIVE ORLANDO, FL 32825	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HENRY, LOVEA A 4792 EAGLESMERE DRIVE APT 934 ORLANDO, FL 32819	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rackard, Gerald 2418 S. Conway Rd. Apt. 133 Or. Fla. 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jerome Smith Jr. 4342 Hargrave St. Apt. B Orlando, Fla. 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Jerome Smith Sr.</u> <b>Jerome Smith Sr. 3-20-08 407-313-1445</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			