

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

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90244 027 \*\*\*\*70.00

DOCUMENT # N00000000986

1. Entity Name

JESUS CHRIST RENAISSANCE CHURCH INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5315 POINTE VISTA CIRCLE

Suite, Apt. #, etc.

108

3. Mailing Address

5315 POINTE VISTA CIRCLE

Suite, Apt. #, etc.

APT. 108

City & State  
ORLANDO, FLORIDA

City & State  
ORLANDO, FLORIDA

Zip

32839

Country

USA

Zip

32839

Country

USA

4. FEI Number

59-3692736

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

11017174

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

PASTOR JEROME SMITH SR.

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

5315 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

*Jerome Smith Sr.*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-21-03

DATE

**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 PASTOR JEROME SMITH SR. 5315 POINTE VISTA CIRCLE ORLANDO, FLORIDA, 32839
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CONSTANCE SMITH 4662 KIRKLAND BLVD. ORLANDO FLORIDA, 32811
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GWENDOLYN SMITH 5315 POINTE VISTA CIRCLE APT. 108 ORLANDO, FLORIDA, 32839
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JEROME SMITH JR. 321 N. WESTMORELAND ORLANDO, FLORIDA, 32805
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E037B (12/02)

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 empowerment.

SIGNATURE:

*Jerome Smith Sr.* 4-21-03 407-251-9671