

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000003868

FILED  
May 01, 2002 8:00 AM  
Secretary of State

**Entity Name:** LIFE RENEWAL MINISTRIES, INC.

**Current Principal Place of Business:**

8535 BAYMEADOWS RD., SUITE 56  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

8535 BAYMEADOWS RD., SUITE 56  
JACKSONVILLE, FL 32256

**New Mailing Address:**

**FEI Number:** 59-3746887

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VANOVEN, MICHELE  
8535 BAYMEADOWS RD., SUITE 56  
JACKSONVILLE, FL 32256

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: VANOVEN, MICHELE  
Address: 2843 SWEETHOLLY DR.  
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete  
Name: THOMPSON, CHRISTINE  
Address: 1961 FORESTER CREEK RD.  
City-St-Zip: EL CAJON, CA 92021

Title: D ( ) Delete  
Name: BROOKS, CHRIS  
Address: 281 BELL BRANCH LANE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: D ( ) Delete  
Name: WEEMS, CHARLES S IV  
Address: 2315 BAYVIEW RD.  
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete  
Name: AQUIAR, DANA  
Address: 9 JAMES ST.  
City-St-Zip: POUGHKEEPSIE, NY 12603

Title: D ( ) Delete  
Name: SHARP, STEVE  
Address: 29 CONNELLY DR.  
City-St-Zip: STAATSBURG, NY 12580

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHELE VANOVEN

D

05/01/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date