

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008222

FILED
Aug 25, 2006
Secretary of State

Entity Name: RENEWED LIFE MINISTRIES ASSEMBLIES OF CHRIST INC.

Current Principal Place of Business:

1259 ALLEN STREET
FORT MYERS, FL 33916

New Principal Place of Business:

121 EAST CHARLOTTE AVE
SOUTHSIDE BUILDING
FORT MYERS, FL 33948

Current Mailing Address:

P O BOX 495254
PORT CHARLOTTE, FL 33949 52

New Mailing Address:

FEI Number: 59-3758494 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SWINSON-FURLOW, MICHELE C
6836 CAROVEL AVE
NORTH PORT, FL 34287 US

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: PD () Delete
Name: FURLOW, AARON L SR
Address: 6836 CAROVEL AVE
City-St-Zip: NORTH PORT, FL 34287

Title: VSTD () Delete
Name: SWINSON-FURLOW, MICHELE C
Address: 6836 CAROVEL AVE
City-St-Zip: NORTH PORT, FL 34287

Title: D () Delete
Name: ROBINSON, ANDRAYA V
Address: 1600 TILLOTSON AVE
City-St-Zip: BRONX, NY 10469

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 C SWINSON-FURLOW

VPD

08/25/2006

Electronic Signature of Signing Officer or Director

Date