2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003660

Entity Name: FAITH RENEWAL CENTER, INC.

FILED Feb 17, 2004 Secretary of State

1413 PINE TREE 715 MAGNOLIA ST.

EDGEWATER, FL 32132 NEW SMYRNA, FL 32168

Current Mailing Address: New Mailing Address:

1413 PINE TREE 715 MAGNOLIA ST.

EDGEWATER, FL 32132 NEW SMYRNA, FL 32168

FEI Number: 52-2368824 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DARNELL, JOHN
1413 PINE TREE
2938 WOODLAND DR.
EDGEWATER, FL 32132
EDGEWATER, FL 32141

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: JOHN DARNELL 02/17/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 DARNELL, JOHN
 Name:
 DARNELL, JOHN

 Address:
 1413 PINE TREE
 Address:
 2938 WOODLAND DR.

 City-St-Zip:
 EDGEWATER, FL 32132
 City-St-Zip:
 EDGEWATER, FL 32141

 $\mbox{Title:} \qquad \mbox{D} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{D} \qquad \mbox{(X) Change () Addition}$

Name:DARNELL, DEBORAHName:DARNELL, DEBORAHAddress:1413 PINE TREEAddress:2938 WOODLAND DR.City-St-Zip:EDGEWATER, FL 32132City-St-Zip:EDGEWATER, FL 32141

Title: D () Delete Title: () Change () Addition

 Name:
 HARPER, SANDRA
 Name:

 Address:
 830 N 11
 Address:

Address. SSUN TT Address.

City-St-Zip: NEW SMYRNA BCH, FL 32169 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 HARPER, JENNIFER
 Name:

 Address:
 830 N 11
 Address:

 City-St-Zip:
 NEW SMYRNA BCH, FL 32169
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 DEESE, JOSEPHINE
 Name:
 TERRY, JOHN

 Address:
 7310 SPRING VILLAS CIR
 Address:
 212 OAK BRANCH

 City-St-Zip:
 ORLANDO, FL 32819
 City-St-Zip:
 EDGEWATER, FL 32141

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: JOHN DARNELL D 02/17/2004