2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006
Secretary of State

DOCUMENT# N02000003660

Entity Name: FAITH RENEWAL CENTER, INC.

Current Principal Place of Business:

715 MAGNOLIA ST.
NEW SMYRNA, FL 32168

New Principal Place of Business:

Current Mailing Address:

715 MAGNOLIA ST.
NEW SMYRNA, FL 32168

New Mailing Address:

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

Name and Address of Current Registered Agent:

DARNELL, JOHN
2938 WOODLAND DR.
EDGEWATER, FL 32141 US

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: P ( ) Delete
Name: DARNELL, JOHN
Address: 2938 WOODLAND DR.
City-St-Zip: EDGEWATER, FL 32141

Title: D ( ) Delete
Name: DARNELL, DEBORAH
Address: 2938 WOODLAND DR.
City-St-Zip: EDGEWATER, FL 32141

Title: D ( ) Delete
Name: HARPER, SANDRA
Address: 830 N 11
City-St-Zip: NEW SMYRNA BCH, FL 32169

Title: D ( ) Delete
Name: CABRAL, BETTY
Address: 3044 KUMQUAT DR.
City-St-Zip: EDGEWATER, FL 32141

Title: D (X) Delete
Name: TERRY, JOHN
Address: 212 OAK BRANCH
City-St-Zip: EDGEWATER, FL 32141

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:

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: JOHN H. DARNELL P 04/10/2006

Electronic Signature of Signing Officer or Director — Date