2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003660

Address:

City-St-Zip:

3044 KUMQUAT DR.

EDGEWATER, FL 32141

FILED Apr 19, 2007 Secretary of State

Entity Name: FAITH RENEWAL CENTER, INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
715 MAGNOLIA ST. NEW SMYRNA, FL 32168			2938 WOODLAND DR. EDGEWATER, FL 32141			
Current Mailing Address:			New Mailii	New Mailing Address:		
715 MAGNOLIA ST. NEW SMYRNA, FL 32168			2938 WOODLAND DR. EDGEWATER, FL 32141			
FEI Number:	52-2368824	FEI Number Applied For ()	FEI Number Not Appli	cable () Certificate of Stat	us Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
	JOHN DLAND DR. ER, FL 32141	US				
The above in the State		submits this statement for the pu	rpose of changing it	s registered office or registere	d agent, or both,	
SIGNATUR						
	Electron	ic Signature of Registered Ager	nt	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () DARNELL, JOH 2938 WOODLA EDGEWATER,	ND DR.	Title: Name: Address: City-St-Zip:	()Change ()Addition	n	
Title: Name: Address: City-St-Zip:	D () DARNELL, DEB 2938 WOODLA EDGEWATER,	ND DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	n	
Title: Name: Address: City-St-Zip:	D () HARPER, SAND 830 N 11 NEW SMYRNA		Title: Name: Address: City-St-Zip:	D (X) Change () Additio HARPER, SANDRA 830 N 11 NEW SMYRNA BCH, FL 32141	n	
Title:		Delete Y	Title: Name:	() Change () Addition	n	

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.

Address:

City-St-Zip:

SIGNATURE: JOHN DARNELL Ρ 04/19/2007