2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003
Secretary of State

DOCUMENT# N02000003660

Entity Name: FAITH RENEWAL CENTER, INC.

Current Principal Place of Business:

1413 PINE TREE
EDGEWATER, FL 32132

New Principal Place of Business:

Current Mailing Address:

1413 PINE TREE
EDGEWATER, FL 32132

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
1413 PINE TREE
EDGEWATER, FL 32132

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: DARNELL, JOHN
Address: 1413 PINE TREE
City-St-Zip: EDGEWATER, FL 32132

Title: D ( ) Delete
Name: DARNELL, DEBORAH
Address: 1413 PINE TREE
City-St-Zip: EDGEWATER, FL 32132

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

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

Title: D ( ) Delete
Name: DEESE, JOSEPHINE
Address: 7310 SPRING VILLAS CIR
City-St-Zip: ORLANDO, FL 32819

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 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 01/13/2003

Electronic Signature of Signing Officer or Director — Date