

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 07, 2007 8:00 am
Secretary of State

08-07-2007 90027 008 ****72.00

DOCUMENT # N05000005043

1. Entity Name
RENEWED COVENANT MINISTRIES, INC.



Principal Place of Business
**1800 EDGEWOOD AVENUE SUITE 358
JACKSONVILLE, FL 32208**

Mailing Address
**1800 EDGEWOOD AVENUE SUITE 358
JACKSONVILLE, FL 32208**

DO NOT WRITE IN THIS SPACE



05302007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
51-0503229

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOLMES, DR. HAROLD L
1800 EDGEWOOD AVE WEST #358
JACKSONVILLE, FL 32208**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D HOLMES, DR. HAROLD L 1800 EDGEWOOD AVE #358 JACKSONVILLE, FL 32208 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D PINKNEY, RONNIE 731 CARLYLE PLACE INDIANAPOLIS, IN 46201 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D PINKNEY, MINDY 8335 FREEDOM CROSSING TRL. #404 JACKSONVILLE, FL 32256 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dr. Harold L. Holmes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08.04.07

Date

Daytime Phone # _____