## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000005043

FILED May 28, 2010 Secretary of State

Entity Name: RENEWED COVENANT MINISTRIES, INC.

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

1800 EDGEWOOD AVENUE SUITE 358

2414 N. MYRTLE AVENUE #3

JACKSONVILLE, FL 32208

JACKSONVILLE, FL 32209

**Current Mailing Address:** 

**New Mailing Address:** 

1800 EDGEWOOD AVENUE SUITE 358 JACKSONVILLE, FL 32208

FEI Number: 51-0503229

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:

HOLMES, DR. HAROLD L 1800 EDGEWOOD AVE WEST HOLMES, DR. HAROLD L 2414 N. MYRTLE AVENUE

JACKSONVILLE, FL 32208 US

JACKSONVILLE, FL 32209 US

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: DR. HAROLD L. HOLMES

05/28/2010

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

HOLMES, DR. HAROLD L Name: Address: 2414 N. MYRTLE AVENUE #3 City-St-Zip: JACKSONVILLE, FL 32209

Title:

Name: PINKNEY, RONNIE Address: 731 CARLYLE PLACE City-St-Zip: INDIANAPOLIS, IN 46201

Title:

PINKNEY, MINDY Name:

2666ASANFRANCISCO BLVD. Address: City-St-Zip: ORANGE PARK, FL 32065

I hereby 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 all other like empowered.

SIGNATURE: DR.HAROLD L. HOLMES

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05/28/2010