

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N20806** (8)

1. Corporation Name
RENEWED LIFE MINISTRIES, INC.



Principal Place of Business: P O BOX 31149 PALM BEACH GARDENS FL 33420-8149
Mailing Address: P O BOX 31149 PALM BEACH GARDENS FL 33420-8149

3. Date Incorporated or Qualified: **05/26/1987**
3a. Date of Last Report: **04/03/1995**
4. FEI Number: **65-0030590**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 **2930 LARK ROAD**
22 Suite, Apt. #, etc.
23 City & State: **WEST PALM BEACH, FL**
24 Zip: **33406** 25 Country: **Palm Beach**
2a. Mailing Address: 26 **2930 LARK RD.**
27 Suite, Apt. #, etc.
28 City & State: **WEST PALM BEACH, FL**
29 Zip: **33406** 30 Country: **ALABAMA**

9. Name and Address of Current Registered Agent: **WARD, HORACE S**
12845 CALAIS CIRCLE
PALM BEACH GARDENS FL 33410
10. Name and Address of New Registered Agent:
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **12845 CALAIS CIRCLE**
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRATER, ARNOLD	1.2 NAME	
STREET ADDRESS	6910 KINGSTON DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	1.4 CITY-ST-ZIP	
TITLE	DTS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTON, JR. E P	2.2 NAME	
STREET ADDRESS	2651 BAHIA RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, HORACE S.	3.2 NAME	
STREET ADDRESS	12845 CALAIS CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ILNISKY, WILLIAM N.	4.2 NAME	
STREET ADDRESS	845 CONNISTON RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	DV	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETERS, TOM	5.2 NAME	D. BILL CORRISTAN
STREET ADDRESS	7255 S. MILITARY TRAIL	5.3 STREET ADDRESS	2341 S. MILITARY TRAIL
CITY-ST-ZIP	LAKE WORTH FL	5.4 CITY-ST-ZIP	W. PALM BEACH, FL.
TITLE	M	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAY, JIM	6.2 NAME	
STREET ADDRESS	1225 CARLTON CT. #103	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eugene P. Walton Jr. **EUGENE P. WALTON JR.** 3-12-96 407-387-1968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E037 (12/95)

N20806

Renewed Life Ministries
Additional Officers and Directors

D
Thomas, Keith
1101 S. Flagler Drive
West Palm Beach, Fl. 33415

D
Justiss, John
1700 Upland Road
West Palm Beach, Fl 33409

D
Smith, Clifton
365 Jog Road
West Palm Beach, Fl 33415

D
Crary Jr. Evans
611 NW Sunset Drive
Stuart, Fl 34994

D
Buddy Tipton
Central Assembly of God
P.O. Box 614
Vero Beach, Fl 32961