


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N20806** (8)
1. Corporation Name
RENEWED LIFE MINISTRIES, INC.



Principal Place of Business 2930 LARK ROAD WEST PALM BEACH FL 33406 US		Mailing Address 2930 LARK ROAD WEST PALM BEACH FL 33406 US		3. Date Incorporated or Qualified 05/26/1987	
				4. FEI Number 65-0030590	Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
City & State 23	City & State 28	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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) 83 84 City FL 85 Zip Code	
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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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WALTON, JR. E P		2.2 NAME	
STREET ADDRESS 2851 BAHIA RD		2.3 STREET ADDRESS	
CITY-ST-ZIP W PALM BEACH FL 55		2.4 CITY-ST-ZIP	
TITLE DP	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 P	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CORRISTAN, BILL		5.2 NAME	
STREET ADDRESS 2341 S. MILITARY TRAIL		5.3 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL		5.4 CITY-ST-ZIP	
TITLE M	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WAY, JIM		6.2 NAME	
STREET ADDRESS 6285 45TH ST		6.3 STREET ADDRESS	
CITY-ST-ZIP VERO BEACH FL		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____

CR2E037 (10/97)

Renewed Life Ministries Inc.
Additional Officers and Directors

D/V
Tom Peters
7265 S. Military Trail
Lake Worth, FL 33463

D
Evans Crary Jr
611 N.W. Sunset Drive
Stuart, FL 34994

D
Ted Rice
2501 Virginia Ave.
Fort Pierce, FL 34981

D
Fred Shipman
365 Jog Road
West Palm Beach, FL 33415

D
Keith Thomas
1101 S. Flagler Drive
West Palm Beach, FL 33401

D
Buddy Tipton
P. O. Box 614
Vero Beach, FL 32961

D
Tom Mullins
6312 Northlake Blvd.
Palm Beach Gardens, FL 33418

D
Carlton Gant
500 N. Congress Ave.
West Palm Beach, FL 33401

D
Harry Gordon
1509 Florida Ave.
Ft. Pierce, FL 34950