

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N20806

1. Entity Name

RENEWED LIFE MINISTRIES, INC.

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90096 037 \*\*\*\*61.25

Principal Place of Business 2930 LARK ROAD WEST PALM BEACH FL 33406 US	Mailing Address 2930 LARK ROAD WEST PALM BEACH FL 33406-7646 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2575 LONG PINE ROAD Suite, Apt. #, etc.	3. Mailing Address PO BOX 31149 Suite, Apt. #, etc.
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City & State PALM BEACH GARDENS FL	City & State PALM BEACH GARDENS, FL	4. FEI Number 65-0030590	Applied For <input type="checkbox"/> Not Applicable
Zip 33410	Country USA	Zip 33420	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WARD, HORACE S  
 12845 CALAIS CIRCLE  
 PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name: JP SIMMS III  
 Street Address (P.O. Box Number is Not Acceptable): 2575 LONG PINE ROAD  
 City: PALM BEACH GARDENS FL | Zip Code: 33410

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.

SIGNATURE: *JP Simms III* JP SIMMS III SECRETARY-TREASURER 1-25-00  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE D NAME PRATER, ARNOLD STREET ADDRESS 6910 KINGSTON DR. CITY-ST-ZIP LANTANA FL	<input checked="" type="checkbox"/> Delete
TITLE DTS NAME WALTON, JR. E P STREET ADDRESS 2651 BAHIA RD CITY-ST-ZIP W PALM BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE DP NAME WARD, HORACE S. STREET ADDRESS 12845 CALAIS CIRCLE CITY-ST-ZIP PALM BEACH GARDENS FL	<input checked="" type="checkbox"/> Delete
TITLE DV NAME ILNISKY, WILLIAM N. STREET ADDRESS 845 CONNISTON RD. CITY-ST-ZIP W. PALM BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE P NAME CORRISTAN, BILL STREET ADDRESS 2341 S. MILITARY TRAIL CITY-ST-ZIP WEST PALM BEACH FL	<input type="checkbox"/> Delete
TITLE M NAME WAY, JIM STREET ADDRESS 6285 45TH ST CITY-ST-ZIP VERO BEACH FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME KEITH THOMAS STREET ADDRESS 1101 S. FLAGLER DR CITY-ST-ZIP WEST PALM BEACH FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V NAME FRED SHIPMAN STREET ADDRESS 365 JOG RD CITY-ST-ZIP WEST PALM BEACH, FL 33415	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T/S NAME JP SIMMS III STREET ADDRESS 2575 LONG PINE RD CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME Tom MULLINS STREET ADDRESS 5312 NORTHLAKE BLVD CITY-ST-ZIP PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME BILL CORRISTAN STREET ADDRESS 2341 S. MILITARY TRAIL CITY-ST-ZIP WEST PALM BEACH, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME WALTON, JR. E.P. STREET ADDRESS 2651 BAHIA RD CITY-ST-ZIP WEST PALM BEACH FL 33406	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 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: *JP Simms III* REQUIR... SIMMS III 1-25-00 561-622-8330  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #