

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20806

1. Entity 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 33406-7646
US

2. Principal Place of Business

2575 LONG PINE ROAD
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 31149
Suite, Apt. #, etc.

City & State

PALE BEACH GARDENS FL
Zip 33410 Country USA

City & State

PALE BEACH GARDENS, FL
Zip 33420 Country USA

4. FEI Number

65-0030590

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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 J P 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

J P Simms III

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:

J P Simms III

DATE

1-25-00 561-622-8330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #