

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
---	---	---

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
 95 MAY -1 AM 10:48

**DOCUMENT # N9200000274 (2)**  
 1. Corporation Name  
**CHRISTIAN RENEWAL MINISTRIES, INC.**

Principal Place of Business <b>6512 MAN O'WAR TRAIL TALLAHASSEE FL 32308</b>	Mailing Address <b>6512 MAN O'WAR TRAIL TALLAHASSEE FL 32308</b>
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/23/1992</b>	3a. Date of Last Report <b>08/11/1994</b>
4. FEI Number <b>59-3158813</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.
23. City & State	2c. City & State
24. Zip	2d. Country

9. Name and Address of Current Registered Agent

**BERNHART, MARGARET E  
6512 MAN O WAR TRAIL  
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and line # applicable (NOTE: Registered Agent Signature required when reconstituting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<b>SCHENDEL, HAROLD E 2920 WHIRLAWAY TRAIL TALLAHASSEE FL 32308</b>
TITLE <b>D</b>	<b>BERNHART, MARGARET E 6512 MAN O WAR TRAIL TALLAHASSEE FL 32308</b>
TITLE <b>VD</b>	<b>PIPKIN, CHRISTINE L 6739 TIM TAM TRAIL TALLAHASSEE FL 32308</b>
TITLE <b>SD</b>	<b>HAND, SANDRA R 6512 MAN O WAR TRAIL TALLAHASSEE FL 32308</b>
TITLE <b>TD</b>	<b>PARKER, GAIL M 2924 WHIRLAWAY TRAIL TALLAHASSEE FL 32308</b>
TITLE <b>D</b>	<b>BELL, LISA RT ONE BOX A-3 BISHOP CA 93514</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>PETE WAIT</b>
13 STREET ADDRESS	<b>533 STONEHOUSE RD. TALLAHASSEE, FL 32301</b>
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>SHIRLEEN WAIT</b>
23 STREET ADDRESS	<b>533 STONEHOUSE RD. TALLAHASSEE, FL</b>
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>← DELETE</b>
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>← DELETE</b>
63 STREET ADDRESS	
64 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Sandra B. Morham* **4/28/95**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #