

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # N92000000274**1. Entity Name
CHRISTIAN RENEWAL MINISTRIES, INC.Principal Place of Business
6512 MAN O'WAR TRAIL
TALLAHASSEE FL 32308
Mailing Address
6512 MAN O'WAR TRAIL
TALLAHASSEE FL 323082. Principal Place of Business
6512 MAN O'WAR TRAIL
Suite, Apt. #, etc.
3. Mailing Address
P. O. BOX 13632
Suite, Apt. #, etc.City & State
TALLAHASSEE FL
Zip
32308
Country
City & State
TALLAHASSEE FL
Zip
32317
Country4. FEI Number
59-3158813
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentBERNHART MARGARET E
6512 MAN O'WAR TRAIL
TALLAHASSEE FL 32308
US**7. Name and Address of New Registered Agent**Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ 05/01/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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	M	<input type="checkbox"/> Delete
NAME	BERNHART MARGARET	
STREET ADDRESS	6512 MANO WAR TRIAL	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DATILLO RALPH	
STREET ADDRESS	6579 PISGAH CHURCH RD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RY FRANK 11	
STREET ADDRESS	4035 DEVLIN COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MALONE DIANA	
STREET ADDRESS	3725 SULTON CT	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	M/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNHART MARGARET	
STREET ADDRESS	6512 MANO WAR TRIAL	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH JUDY	
STREET ADDRESS	9560 LEE REEVES ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Margaret E. Bernhart M/D 05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)