

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 32308

2. Principal Place of Business
 6512 MAN O'WAR TRAIL

3. Mailing Address
 P. O. BOX 13632

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 TALLAHASSEE FL

City & State
 TALLAHASSEE FL

4. FEI Number
59-3158813

Zip
 32308

Country

Zip
 32317

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERNHART MARGARET E
 6512 MAN O'WAR TRAIL
 TALLAHASSEE FL 32308 US

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 _____ DATE **05/01/2001**
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		

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		

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**

CR2E037 (11/00)