



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 13, 2006 8:00 am**  
**Secretary of State**

09-13-2006 90002 026 \*\*\*\*61.25

<b>DOCUMENT # N95000004666</b> 1. Entity Name RENEWAL BAPTIST CHURCH OF ORLANDO, INC.					
Principal Place of Business <del>118 E PAR STREET</del> <del>ORLANDO, FL 32804</del>				Mailing Address <del>12527 N. GRASSY LAKE RD.</del> <del>CLERMONT, FL 34711</del>	
2. Principal Place of Business <i>1205 N. Pine Hills Rd</i>		3. Mailing Address <i>SAME</i>			
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____			
City & State <i>Orlando, FL</i>		City & State _____			
Zip <i>32808</i>	Country <i>US</i>	Zip _____	Country _____		
4. FEI Number 20-2381958				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  BATISTA, JULIA PASTOR 12527 N. GRASSY LAKE RD. CLERMONT, FL 34711			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 15, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE P NAME BATISTA, JULIA DR REV STREET ADDRESS 12527 N GRASSY LAKE RD. CITY-ST-ZIP CLERMONT, FL 34711	<input checked="" type="checkbox"/> Delete		TITLE P NAME ESPINDZA, MARCO REV DR STREET ADDRESS 2658 CERAM AVE CITY-ST-ZIP ORLANDO, FL 32837	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TS NAME ROIG, HAYDEE STREET ADDRESS 7203 GANTRY LANE CITY-ST-ZIP ORLANDO, FL 32818	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TT NAME RIVERA, FRANCISCO STREET ADDRESS 300 LAKE PARK TRAIL CITY-ST-ZIP OVIEDO, FL 32765	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE C NAME MASSANET, GREGORIA STREET ADDRESS 2512 DOVETAIL DR. CITY-ST-ZIP OCOE, FL 34761	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TRUS NAME RIVERA, MIRIAM STREET ADDRESS 300 LAKE PARK TRAIL CITY-ST-ZIP OVIEDO, FL	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TRUS NAME MARTINEZ, CARMEN T STREET ADDRESS 2768 SAFFRON DR. CITY-ST-ZIP ORLANDO, FL 32837	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Haydee Roig</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>9/11/06</i> Daytime Phone #: <i>4072923514</i>		