2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N95000004666

1. Entity Name

RENÉWAL BAPTIST CHURCH OF ORLANDO, INC.



Principal Place of Business

1205 NORTH PINE HILLS RD ORLANDO, FL 32808

· Mailing Address

1205 NORTH PINE HILLS RD ORLANDO, FL 32808

FILED Jul 16, 2008 08:00 AM Secretary of State



07072008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 20-2381958

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

ROIG, HAYDEE 7203 GANTRY LANE ORLANDO, FL 32818

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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 FOLIA Signature, typed of printed name of registered agent and trig interpolicable. (NOTE: Registered Agent signature required when reinstating) DATE						
Filing Fee is \$61.25 Due by September 12, 2008 9. Election Campaign Finance Trust Fund Contribution.			9 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESPINOZA, MARCO R DR 2658 CERAM AVE ORLANDO, FL 32837					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS ROIG, HAYDEE 7203 GANTRY LANE ORLANDO, FL 32818		000000955076 07/16/08-80002-001 61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT RIVERA, FRANCISCO 300 LAKE PARK TRAIL OVIEDO, FL 32765			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MASSANET, GREGORIA 2512 DOVETAIL DR. OCOEE, FL 34761			IN T	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS RIVERA, MIRIAM 300 LAKE PARK TRAIL OVIEDO, FL			•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS MARTINEZ, CARMENT T 2768 SAFFRON DR. ORLANDO, FL 32837			-		
12 I have by cartify that the information appoint with this filling does not qualify for the exemptions contained in Chapter 110 Florida Statutes Lighter cartify that the information						

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19/08

Daytime Phone #