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FILED
Mar 13 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000005895 (4)

1. Corporation Name

RENEW MINISTRIES, INCORPORATED

Principal Place of Business

712 SECRET HARBOR LN. #102
LAKE MARY FL 32746

Mailing Address

PO BOX 150
LONGWOOD FL 32752-0150

3. Date Incorporated or Qualified

10/17/1997

4. FEI Number

☒ Applied For

☐ Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DALE, LARRY A
120 KAYWOOD DR
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *LARRY A. DALE* LARRY A. DALE

2-1-98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME PRESIDENT
STREET ADDRESS JAMES W. HAMMOCK
CITY-ST-ZIP 712 SECRET HARBOR LN. #102
LAKE MARY, FLA. 32746

TITLE ☐ DELETE
NAME VICE PRESIDENT
STREET ADDRESS DERI D. HAMMOCK
CITY-ST-ZIP 712 SECRET HARBOR LN. #102
LAKE MARY, FLA. 32746

TITLE ☐ DELETE
NAME TREASURER
STREET ADDRESS DELTON HAYNES
CITY-ST-ZIP 309 STONEBRIDGE DRIVE
LONGWOOD, FL. 32779

TITLE ☐ DELETE
NAME SECRETARY
STREET ADDRESS STEVE WIGHTMAN
CITY-ST-ZIP 5000 SAN JOSE BLVD. #88
JACKSONVILLE, FLA. 32207

TITLE ☐ DELETE
NAME CHAIRMAN, BOARD OF DIRECTORS
STREET ADDRESS LARRY DALE
CITY-ST-ZIP 120 KAYWOOD DRIVE
SANFORD, FLA. 32771

TITLE ☐ DELETE
NAME VICE CHAIRMAN, BOARD OF DIR.
STREET ADDRESS RANDY KREFFLE
CITY-ST-ZIP 311 LAKE ROAD
LAKE MARY, FL. 32746

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *LARRY A. DALE* LARRY A. DALE 1-30-98 467-320-1985

CR2E037 (1097)