

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90018 049 ****61.25

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DOCUMENT # N97000005895

1. Entity Name

RENEW MINISTRIES, INCORPORATED

Principal Place of Business

5089 THE OAKS CIR
GENEVA FL 32732
US

Mailing Address

PO BOX 150
LONGWOOD FL 32752-0150

A0006801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1914 EDGEWATER DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

4. FEI Number

59-3489965

Applied For

Not Applicable

Zip

32804-5827

Country

ORANGE

Zip

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

DALE, LARRY A

120 KAYWOOD DR

SANFORD FL 32771

3400 CELERY AVE.

SANFORD, FL 32771

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

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 P
NAME HAMMOCK, JAMES W
STREET ADDRESS 712 SECRET HARBOR LN, #102
CITY-ST-ZIP LAKE MARY FL 32746 ☐ Delete

TITLE PRESIDENT
NAME HAMMOCK, JAMES W.
STREET ADDRESS 5089 THE OAKS CIRCLE
CITY-ST-ZIP ORLANDO, FL. 32809 ☒ Change ☐ Addition

TITLE VP
NAME HAMMOCK, DERI O
STREET ADDRESS 712 SECRET HARBOR LN, #102
CITY-ST-ZIP LAKE MARY FL 32746 ☐ Delete

TITLE V. PRESIDENT
NAME HAMMOCK, DERI O.
STREET ADDRESS 5089 THE OAKS CIRCLE
CITY-ST-ZIP ORLANDO, FL. 32809 ☒ Change ☐ Addition

TITLE T
NAME HAMMOCK, JOEL D
STREET ADDRESS 2718 MYSTIC COVE DR
CITY-ST-ZIP ORLANDO FL 32812 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME BERRYMAN, MICHAEL
STREET ADDRESS 5000 SHELLEY CT
CITY-ST-ZIP ORLANDO FL 32807 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE CBOD
NAME DALE, LARRY
STREET ADDRESS 120 KAYWOOD DRIVE
CITY-ST-ZIP SANFORD FL 32771 ☐ Delete

TITLE CHAIRMAN OF BOARD
NAME LARRY DALE
STREET ADDRESS 3400 CELERY AVE
CITY-ST-ZIP SANFORD, FL 32771 ☒ Change ☐ Addition

TITLE VCBOD
NAME KREPFLE, RANDY
STREET ADDRESS 311 LAKE ROAD
CITY-ST-ZIP LAKE MARY FL 32746 ☒ Delete

TITLE V. CHAIRMAN, BOARD
NAME LARRY CARPENTER
STREET ADDRESS 1510 NORFOLK AVE.
CITY-ST-ZIP WINTER PARK, FL. 32789 ☒ Change ☐ Addition

12. 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 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 OF JAMES W. HAMMOCK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES W. HAMMOCK

Date

01-08-01

Daytime Phone #

407-843-0140 X234

CR2E037 (10/00)