

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000005895**

1. Entity Name

RENEW MINISTRIES, INCORPORATED**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90170 047 ****61.25

Principal Place of Business

Mailing Address

**1914 EDGEWATER DR
ORLANDO FL 32804-5827
US****PO BOX 150
LONGWOOD FL 32752-0150**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3489965

Applied For

Not Applicable

Zip

Country

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
3400 CELERY AVE
SANFORD FL 32771**

Name

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

City

FL

Zip Code

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 **LARRY A. DALE, CHAIRMAN OF BOARD****1-22-02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	P	HAMMOCK, JAMES W	5089 THE OAKS CIRCLE ORLANDO FL 32809	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	VP	HAMMOCK, DERI O	5089 THE OAKS CIRCLE ORLANDO FL 32809	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		HAMMOCK, JOEL D	2718 MYSTIC COVE DR ORLANDO FL 32812	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		CBOD	DALE, LARRY 3400 CELERY AVE SANFORD FL 32771	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input checked="" type="checkbox"/> Delete	VCBD	KREFFLE, RANDY	1510 NORFOLK AVE WINTER PARK FL 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VCBD	VICE CHAIRMAN LARRY CARPENTER 1510 NORFOLK AVE WINTER PARK, FL 32789	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAMES W. HAMMOCK, President 1-22-02 407-843-0140

CR2037 (9/01)