2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 8:00 am
Secretary of State

01-09-2004 90072 034 ****61.25

DOCUMENT # N97000005895

1. Entity Name
RENEW MINISTRIES, INCORPORATED

Principal Place of Business
1914 EDGEWATER DR
ORLANDO, FL 32804-5827 US

Mailing Address
PO BOX 150
LONGWOOD, FL 32752-0150

2. Principal Place of Business
1052 STATE RD 436

Suite, Apt. #, etc.
SUITE 1062

City & State
ALTAMONTE SPRINGS, FL

Zip
32714

Country
Seminole

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

01072004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3489965

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DALE, LARRY A
3400 CELERY AVE
SANFORD, FL 32771

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee Is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMMOCK, JAMES W 5089 THE OAKS CIRCLE ORLANDO, FL 32809 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. HAMMOCK, JAMES W 115 Lillie POND POINT CHULUOTA, FL 32766 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAMMOCK, DERI O 5089 THE OAKS CIRCLE ORLANDO, FL 32809 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Hammock, Deri O. 115 Lillie POND Point CHULUOTA, FL 32766 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAMMOCK, JOEL D 2718 MYSTIC COVE DR ORLANDO, FL 32812 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CBOD DALE, LARRY 3400 CELERY AVE SANFORD, FL 32771 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCBD CARPENTER, LARRY 1510 NORFOLK AVE WINTER PARK, FL 32789 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: James W. Hammock PRESIDENT 1-8-04 407-774-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #