

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90048 007 ****61.25

DOCUMENT # N97000005895

1. Entity Name
RENEW MINISTRIES, INCORPORATED



Principal Place of Business
**1052 STATE RD 436
SUITE 1062
ALTAMONTE SPRINGS, FL 32714 US**

Mailing Address
**PO BOX 150
LONGWOOD, FL 32752-0150**

50010244



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312005 Chg-NP CR2E037 (10/03)

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

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

TITLE **P** ☐ Delete
NAME **HAMMOCK, JAMES W**
STREET ADDRESS **115 LILLIE POND POINT**
CITY-ST-ZIP **CHULUOTA, FL 32766**

TITLE **VP** ☐ Delete
NAME **HAMMOCK, DERI O**
STREET ADDRESS **115 LILLIE POND POINT**
CITY-ST-ZIP **CHULUOTA, FL 32766**

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

TITLE **CBOD** ☐ Delete
NAME **DALE, LARRY**
STREET ADDRESS **3400 CELERY AVE**
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE **VCBD** ☒ Delete
NAME **CARPENTER, LARRY**
STREET ADDRESS **1510 NORFOLK AVE**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☒ Addition
NAME **RON WILSON BD MEMBER**
STREET ADDRESS **215 ROYAL OAKS CIRCLE**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE ☐ Change ☒ Addition
NAME **DAN CROCKETT BD MEMBER**
STREET ADDRESS **1850 LEE RD SUITE 116**
CITY-ST-ZIP **WINTER PARK, FL 32789-2104**

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]* President 1-31-05 407-716-6535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #