

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005895

FILED  
Mar 08, 2006  
Secretary of State

Entity Name: RENEW MINISTRIES, INCORPORATED

## Current Principal Place of Business:

1052 STATE RD 436  
SUITE 1062  
ALTAMONTE SPRINGS, FL 32714 US

## New Principal Place of Business:

115 LILLIE POND POINT  
CHULUOTA, FL 32766 US

## Current Mailing Address:

PO BOX 150  
LONGWOOD, FL 327520150

## New Mailing Address:

FEI Number: 59-3489965      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DALE, LARRY A  
3400 CELERY AVE  
SANFORD, FL 32771 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HAMMOCK, JAMES W  
Address: 115 LILLIE POND POINT  
City-St-Zip: CHULUOTA, FL 32766

Title: VP ( ) Delete  
Name: HAMMOCK, DERI O  
Address: 115 LILLIE POND POINT  
City-St-Zip: CHULUOTA, FL 32766

Title: T ( ) Delete  
Name: HAMMOCK, JOEL D  
Address: 2718 MYSTIC COVE DR  
City-St-Zip: ORLANDO, FL 32812

Title: CBOD ( ) Delete  
Name: DALE, LARRY  
Address: 3400 CELERY AVE  
City-St-Zip: SANFORD, FL 32771

Title: DM ( ) Delete  
Name: WILSON, RON  
Address: 215 ROYAL OAKS CIRCLE  
City-St-Zip: LONGWOOD, FL 32779

Title: BDM ( ) Delete  
Name: CROCKETT, DAN  
Address: 1850 LEE RD SUITE 116  
City-St-Zip: WINTER PARK, FL 327892104

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DM (X) Change ( ) Addition  
Name: WILSON, RON  
Address: P. O. BOX 915260  
City-St-Zip: LONGWOOD, FL 32791-534

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES W. HAMMOCK

P

03/08/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date