2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # N97000005895

1. Entity Name
RENEW MINISTRIES, INCORPORATED

Principal Place of Business	Mailing Address
115 LILLIE POND POINT CHULUOTA, FL 32766 US	PO BOX 150 LONGWOOD, FL 32752-0150

01082007 No Chg-NP CR2E037 (4/06)

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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

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

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HAMMOCK, JAMES W
STREET ADDRESS	115 LILLIE POND POINT
CITY-ST-ZIP	CHULUOTA, FL 32766
TITLE	VP
NAME	HAMMOCK, DERI O
STREET ADDRESS	115 LILLIE POND POINT
CITY-ST-ZIP	CHULUOTA, FL 32766
TITLE	T
NAME	HAMMOCK, JOEL D
STREET ADDRESS	2718 MYSTIC COVE DR
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	CBOD
NAME	DALE, LARRY
STREET ADDRESS	3400 CELERY AVE
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	DM
NAME	WILSON, RON
STREET ADDRESS	P. O. BOX 915260
CITY-ST-ZIP	LONGWOOD, FL 32791
TITLE	BDM
NAME	CROCKETT, DAN
STREET ADDRESS	1850 LEE RD SUITE 116
CITY-ST-ZIP	WINTER PARK, FL 327892104

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04/16/07-80052-015 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ President 4-9-07 407-716-6531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #