

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000005895

1. Entity Name

RENEW MINISTRIES, INCORPORATED

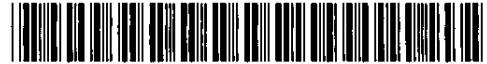


Principal Place of Business

**115 LILLIE POND POINT
CHULUOTA, FL 32766 US**

Mailing Address

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



01162008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000790444
01/23/08-80033-015 61.25

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DM
WILSON, RON
P. O. BOX 915260
LONGWOOD, FL 32791**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**BDM
CROCKETT, DAN
1850 LEE RD SUITE 116
WINTER PARK, FL 327892104**

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-08

Date

407-716-6535

Daytime Phone #