

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005895

FILED
Jul 09, 2009
Secretary of State

Entity Name: RENEW MINISTRIES, INCORPORATED

Current Principal Place of Business:

115 LILLIE POND POINT
CHULUOTA, FL 32766 US

New Principal Place of Business:

3400 CELERY AVENUE
SANFORD, FL 32771 US

Current Mailing Address:

PO BOX 150
LONGWOOD, FL 327520150

New Mailing Address:

3400 CELERY AVENUE
SANFORD, FL 32771

FEI Number: 59-3489965 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: P. O. BOX 915260
City-St-Zip: LONGWOOD, FL 32791

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: P (X) Change () Addition
Name: DALE, LARRY A
Address: 3400 CELERY AVE
City-St-Zip: SANFORD, FL 32771

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: LARRY A. DALE

CBOD

07/09/2009

Electronic Signature of Signing Officer or Director

Date