

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006814

1. Entity Name

RENEWAL HOUSE MINISTRIES, INC.

Principal Place of Business

3431 GREENTREE PL  
PANAMA CITY FL 32405

Mailing Address

P.O. BOX 1753  
PANAMA CITY FL 32402

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

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

PROCTOR, CAROL  
1429 W. 11TH ST.  
PANAMA CITY FL 32401

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete

D  
JORDAN, RIVER  
2970 WILDROSE LN  
CHIPLEY FL 32428

TITLE ☐ Change ☒ Addition

D  
Jeff Proctor  
3731 Greentree Place  
Panama City FL 32405

TITLE ☐ Delete

D  
HICKS, OWEN  
2970 WILDROSE LN  
CHIPLEY FL 32428

TITLE ☐ Change ☒ Addition

D  
Proctor, Carol  
3731 Greentree Place  
Panama City FL 32405

TITLE ☐ Delete

D  
SMITH, MARY  
901 KRISTANNA DR  
PANAMA CITY FL 32405

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 REQUIRED: K S

9.11.01

850-831-6798

FILED  
Sep 13, 2001 8:00 am  
Secretary of State

09-13-2001 90012 020 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)