

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/14/14/1

**FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90101 038 \*\*\*\*61.25

**DOCUMENT # N99000007419**

1. Entity Name

**RENEW YOUR MIND MINISTRIES, INC.**

Principal Place of Business

P.O. BOX 304  
MARY ESTHER FL 32569-0304

Mailing Address

P.O. BOX 304  
MARY ESTHER FL 32569-0304

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

**59-3613638**

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

**CLARK, LORENZO**  
**618 GAP CREEK RD. #24 420 Jo Ellen Lane**  
**FT. WALTON BEACH FL 32548-32547**

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

*Lorenzo Clark*

**APR 07 2000**

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

(NOTE: Registered Agents signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

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

|                |                                 |
|----------------|---------------------------------|
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                                                              |
|----------------|------------------------------------------------------------------------------|
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>D</b>                                                                     |
| STREET ADDRESS | <b>LORENZO C. CLARK</b>                                                      |
| CITY-ST-ZIP    | <b>618 GAP CREEK RD. #24 420 Jo Ellen Lane</b>                               |
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>D</b>                                                                     |
| STREET ADDRESS | <b>SHAWNER CLARK, Vice President</b>                                         |
| CITY-ST-ZIP    | <b>618 GAP CREEK RD. #24 420 Jo Ellen Lane</b>                               |
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>D</b>                                                                     |
| STREET ADDRESS | <b>Secretary</b>                                                             |
| CITY-ST-ZIP    | <b>10657 Barberberry Dr</b>                                                  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                                                              |
| STREET ADDRESS |                                                                              |
| CITY-ST-ZIP    |                                                                              |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                                                              |
| STREET ADDRESS |                                                                              |
| CITY-ST-ZIP    |                                                                              |

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:

*Lorenzo Clark*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APR 07 2000**

Date

**(850) 314-7823**

Daytime Phone #

CR2E037 (9/99)