

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90244 050 \*\*\*\*70.00

DOCUMENT # N9900007419 ✓  
1. Entity Name  
Renew Your Mind Ministries, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
P.O. Box 304  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 304  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Mary Esther, FL  
Zip  
32569-0304 Country  
USA

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4. FEI Number  
593613638 Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Lorenzo Clark  
Street Address (P.O. Box Number is Not Acceptable)  
102 Driftwood Ave SW #8  
City Fort Walton Beach FL Zip Code 32548

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, Lorenzo Clark, President/Director 4/22/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

FEE IS \$61.25  
Initial or Amended UBR

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  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
P/O  
Lorenzo Clark  
102 Driftwood Ave SW #8  
Fort Walton Beach, FL 32548

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
VP/T/O  
Shawner C.L. Clark  
102 Driftwood Ave SW #8  
Fort Walton Beach, FL 32548

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
S/O  
Kara Walker  
10657 Barbary Drive  
Hampton, GA 30228

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Shawner C.L. Clark, Shawner C.L. Clark 4/22/02 850/259-2659  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)