

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007419

FILED  
Apr 27, 2005  
Secretary of State

**Entity Name:** RENEW YOUR MIND MINISTRIES, INC.

**Current Principal Place of Business:**

P.O. BOX 304  
MARY ESTHER, FL 325690304

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 304  
MARY ESTHER, FL 325690304

**New Mailing Address:**

**FEI Number:** 59-3613638

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HICKMAN, JAMES  
220 GOVERNMENT ST STE 1  
NICEVILLE, FL 32578 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: PD ( ) Delete  
Name: CLARK, LORENZO C  
Address: 395 WELLINGTON DRIVE  
City-St-Zip: NEW WINDSOR, NY 12553

Title: VTD ( ) Delete  
Name: CLARK, SHAWNER C  
Address: 395 WELLINGTON DRIVE  
City-St-Zip: NEW WINDSOR, NY 12553

Title: SD ( ) Delete  
Name: WALKER, KARA  
Address: 10657 BARBERY DRIVE  
City-St-Zip: HAMPTON, GA 30228

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: KINSEY, SHAWNER C  
Address: 6912 S PITT ST  
City-St-Zip: GRIFTON, NC 28530

Title: VD (X) Change ( ) Addition  
Name: WILLIAMS, KESHIA L  
Address: 1504 WILSHIRE DR APT 5  
City-St-Zip: BELLEVUE, NE 68005

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHAWNER C. L. KINSEY

PTD

04/27/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date