


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90090 019 \*\*\*\*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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

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

**CLARK, LORENZO  
102 DRIFTWOOD AVE SW  
# 8  
FORT WALTON BEACH FL 32548**

7. Name and Address of New Registered Agent

Name **James A. Hickman**

Street Address (P.O. Box Number is Not Acceptable)  
**220 GOVERNMENT ST STE 1**

**NICEVILLE FLORIDA 32578**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James A. Hickman* **JAMES A. HICKMAN** **MAR 26 2003**

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**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CLARK, LORENZO C	
STREET ADDRESS	102 DRIFTWOOD AVE SW #8	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	CLARK, SHAWNER C	
STREET ADDRESS	102 DRIFTWOOD AVE SW # 8	
CITY-ST-ZIP	FORT WALTON BEACH FL=32548	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WALKER, KARA	
STREET ADDRESS	10657 BARBERY DRIVE	
CITY-ST-ZIP	HAMPTON GA 30228	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	39-5 Wellington Drive	
CITY-ST-ZIP	New Windsor, NY 12553	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	39-5 Wellington Drive	
CITY-ST-ZIP	New Windsor, NY 12553	
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: *Shawner C. Clark* **Shawner C. Clark** **MAR 26 2003** **1-866-222**

CR2E037 (10/02)