## 7 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N49255

1. Entity Name NEIGHBORHOOD RENAISSANCE, INC.



**FILED** Jan 17, 2007 08:00 AM **Secretary of State** 

Principal Place of Business

510 A 24TH ST WEST PALM BEACH, FL 33407 Mailing Address

510 A 24TH ST

WEST PALM BEACH, FL 33407

01112007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-0352279

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

LEWIS, LONGMAN & WALKER 1700 PALM BEACH LAKES BLVD.

## DO NOT WRITE

WEST PALM BEACH, FL 33407			IN THIS SPACE		
8. The above the obligat	e named entity submits this statement for the tions of registered agent.	purpose of changing its registered	d office or r	egistered agent, or b	ooth, in the State of Florida. I am familiar with, and accept
SIGNATURE.					
	Signature, typed or printed name of registered agent and til	te II applicable. (NOTE: Registered /	Agent signature	required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Financ     Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES FLICK, CARL A 221 34TH ST. WEST PALM BEACH, FL 33407			•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC STARKE, BETTE ANNE 213 29TH ST. WEST PALM BEACH, FL 33407			U00000589005 01/17/07-80095-018 70.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA FOX, TERRY 777 SOUTH FLAGLER WEST PALM BEACH, FL 33401			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

CICMATUDE.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

TERRE MURRAY 1/11/2007 561-832-6776