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

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 706174

1. Corporation Name

RENAISSANCE CENTER, INC.

Principal Place of Busines
900 UNIVERSITY BLVD N
STE 700
JACKSONVILLE FL 32211
US

2. Principal Place of Business

Suite, Apt. #, etc.

22

Mailing Address

P O 80X 17067

2a. Mailing Address

Suite, Apt. #, etc.

JACKSONVILLE FL 32245

US

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## FILED Mar 05, 1999 8:00 am § Secretary of State

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3. Date Incorporated or Qualifed

09/19/1963

FEI Number 59-1022113

20   20   20   20   30   30   30   30	City & State	9	City & State		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  81 Name  SOMMERS, ROBERT A PHD M 900 UNIVERSITY BLVD N STE 700  JACKSONVILLE FL 32211  11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0502, Piorda Statutes, Provided by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0502, Piorda Statutes, Provided by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0502, Piorda Statutes, Provided by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0502, Piorda Statutes, Provided by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0502, Piorda Statutes, Provided by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0502, Piorda Statutes, Provided by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0502, Piorda Statutes, Provided by the corporation's board of directors. I hereby accept the appointment as registered deficed or directors. I hereby accept the appointment as registered deficed or directors. I hereby accept the appointment as registered deficed or directors. I hereby accept the appointment as registered deficed or directors. I hereby accept the appointment as registered deficed or directors. I hereby accept the appointment as registered deficed or directors	23	1.00				
9. Name and Address of Current Registered Agent  SOMMERS, ROBERT A PHD M 900 UNIVERSITY BLVD N SIE 700 JACKSONVILLE FL 32211  11. Pursuant to the provisions of Sactions 617,0022 and 617,1508. Florids Statutes, the above-named corporation submite this statement for the purpose of changing its registered diffice or registered agent, of both other State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered diffice or registered agent, of both other in the State of Florids. Statutes, the above-named corporation submite this statement for the purpose of changing its registered diffice or registered agent, of both other in the State of Florids. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered diffice or registered agent, and the registered agent agent and the registered agent agent and the registered agent agent agent and the registered agent	Zip	·		<del>-</del> ¬ ′		
SOMMERS, ROBERT A PHD M 900 UNIVERSITY BLVD N STE 700 JACKSONVILLE FL 32211  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorise Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and manufactured to the provisions of Sections 617.0502 and 617.1508, Fiorise Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and manufactured to the provisions of Section 617.0503, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  DT  SCHAU, MARK  12.NWE  STREET ADDRESS  90 UNIVERSITY BLVD IN STE 700  DELETE  13. TITLE  VCD  13. TITLE  VCD  13. TITLE  VCD  14. STREET ADDRESS  57.0 N. JULLITY 5.7  JACKSONVILLE FL 32211  TITLE  VCD  14. STREET ADDRESS  57.0 N. JULLITY 5.7  JACKSONVILLE FL 32211  TITLE  CD  15. STREET ADDRESS  STREET ADDRE	24		<u> </u>	0		
SOMMERS, ROBERT A PHD M 900 UNIVERSITY BLVD N STE 700 JACKSONVILLE FL 32211  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE		9. Name and Address of Current R	tegistered Agent	04  11		gistered Agent
900 UNIVERSITY BLVD N STE 700 JACKSONVILLE FL 32211  11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, and accept the obligations of Section 617,0503, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. TITLE  DT  NAME  SCHAU, MARK  SUNIVERSITY BLVD N STE 700  JACKSONVILLE FL 32211  TILE  VCD  JACKSONVILLE FL 32211  TILE  VCD  JACKSONVILLE FL 32211  TILE  VCD  JACKSONVILLE FL  22 STREET ADDRESS  SS3-1 WEST 811 ST  23 STREET ADDRESS  SCHY-ST-ZP  JACKSONVILLE FL  JACKS				81 N	ame	
STE 700  JACKSONVILLE FL 32211  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the epurpose of changing its registered agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the opporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the opporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purposes of changing its registered agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purposes of changing its registered agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the obligations of, Section 617.0503, Florida Statutes.    Interpolation   Interpolat	SOMMERS	S, ROBERT A PHD M		82 St	reet Address (P.O. Box Number is Not Acceptab	le)
SIE 700  JACKSONVILLE FL 32211  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, I am familiar with, and accept the obligations of, Section 617.0503, Florids Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  DT  SOCHAU, MARK  SCHAU, MARK  STREET ADDRESS  SOUNIVERSITY BLVD N STE 700  JACKSONVILLE FL 32211  TITLE  VCD  DELETE  11. STREET ADDRESS  SOUNIVERSITY BLVD N STE 700  JACKSONVILLE FL  22. NAME  STREET ADDRESS  SOLN STREET ADDRESS  SOL	900 UNIVE	RSITY BLVD N		<u> </u>		
SACKSONVILLE FL 32211   Set   City   FL   St   Zip Code	STE 700			83	•	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I heraby accept the appointment as registered agent, a mr familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signatur, hyped or printed name of registeries agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITILE  OFFICERS AND DIRECTORS  13. TITLE  OFFICERS AND DIRECTORS IN 12.  ITILE  OFFICERS AND DIRECTORS IN 12.  ITILE  OCHANGE SCHAU, MARK  12. NAME  13. STREET ADDRESS  14. CMT'-51-2P  JACK SONVILLE FL 32.211  14. CMT'-51-2P  JACK SONVILLE FL 32.211  TITLE  CD  DELETE  14. CMT'-51-2P  JACK SONVILLE FL  24. CMT'-51-2P  JACK SONVILLE FL  24. CMT'-51-2P  JACK SONVILLE FL  24. CMT'-51-2P  JACK SONVILLE FL  34. CMT'-51-2P  JACK SONVILLE FL  35. TITLE  DS  SOMMERS, ROBERT  S		VILLE FL 32211		84 Ci	tv	85 Zip Code
office or registered agent, or both, in the State of Flonda. Such change was authorized by the corporation's board of director's. Treflety accept the application of section of 17,0503. Flonda Statutes.  SIGNATURE    12.					•	FL
Agent. I am familiar with, and accept the obligations of, Section 917.0905, incide statutes.  SIGNATURE  SIGNATURE  SUPPLIES SUPPLIES SQUEETE  SIGNATURE  OFFICERS AND DIRECTORS  SUPPLIES SQUEETE  STITLE  DT  NAME  SCHAU, MARK  STREET ADDRESS  90 UNIVERSITY BLVD N STE 700  13 STREET ADDRESS  90 UNIVERSITY BLVD N STE 700  14 CITY-ST-2IP  JACKSONVILLE FL 32211  DELETE  21 TITLE  VCD  NAME  MAULDIN, OLIN JR.  STREET ADDRESS  653-1 WEST 8TH ST  JACKSONVILLE FL  JAC	11. Pursuant	to the provisions of Sections 617.0502 a	ind 617.1508, Florida Statutes	, the above-na	med corporation submits this statement for the p	urpose of changing its registered
SIGNATURE    Signature, hybrid or printed name of registations agent and title if applicable. (NOTE: Registations Agent labriations)   DATE	office or re	egistered agent, or both, in the State of l m familiar with, and accept the obligation	Florida. Such change was aut ns of Section 617.0503. Florid	nonzed by the la Statutes.	corporation's board of directors. Thereby accept	the appointment as registered
Signature, typed or printed many of registence agent and rise of applicables.   Change   Ch		The second secon				\
TITLE	SIGNATURE	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE: R			
SCHAU, MARK  SCHAU, MARK  STREET ADDRESS  STRE	12.	OFFICERS AND		13.		
STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZP  JACKSONVILLE FL 32211  TITLE  VCD  NAME  MAULDIN, OLIN JR.  STREET ADDRESS  653-1 WEST 8TH ST  JACKSONVILLE FL  CITY-ST-ZP  JACKSONVILLE FL  TITLE  DS  DELETE  JACKSONVILLE FL  3.3 STREET ADDRESS  3.4 CITY-ST-ZP  JACKSONVILLE FL  TITLE  DS  DS  DARBY, BARBARA  STREET ADDRESS  CITY-ST-ZP  JACKSONVILLE FL  STREET ADDRESS  STRE	TITLE	DT	XX DELETE	1.1 TITLE	UT TTM ALARY	☐ Change 🚘 Addition
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NAME MAULDIN, OLIN JR.  STREET ADDRESS  G\$3-1 WEST 8TH ST  JACKSONVILLE FL  22 NAME  22 NAME  22 NAME  23 STREET ADDRESS  CITY-ST-ZIP  ACKSONVILLE FL  DACKSONVILLE FL  31 TITLE  NAME  LOAR, KENTON  32 NAME  33 STREET ADDRESS  CITY-ST-ZIP  JACKSONVILLE FL  TITLE  DS  ACKSONVILLE FL  STREET ADDRESS  CITY-ST-ZIP  TITLE  DS  AA CITY-ST-ZIP  AA CITY-ST-ZIP  AA STREET ADDRESS  A STREET ADDRESS  CITY-ST-ZIP  NAME  SOMMERS, ROBERT  SOMMERS, ROBERT  SOMMERS, ROBERT  STREET ADDRESS  CITY-ST-ZIP  AA CITY-ST-ZIP  DELETE  61 TITLE  D  Change  Addition  ACKSONVILLE FL 32211  TITLE  D  Change  Addition  ACKSONVILLE FL 32211  TITLE  D  Change  Addition  TA MES JOHN SON  Change  Addition  Change  Addition  TA MES JOHN SON  CHANGE  CRASS TA MEA LANE	STREET ADDRESS	90 UNIVERSITY BLVD N STE 700		1.3 STREET ADD		
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Addition  AME  AND  AME  AME  ACKSONVILLE FL 32211  ACKSONVILLE FL 32211  ACKSONVILLE FL 3203  Addition		DS	<b>⊠</b> DELETE	4.1 TITLE		☐ Change
Addition  AME  AND  AME  AME  ACKSONVILLE FL 32211  ACKSONVILLE FL 32211  ACKSONVILLE FL 3203  Addition	NAME	DARBY, BARBARA	•	4, 2 NAME	GEORGE OWEN	
CITY-ST-ZIP JACKSONVILLE FL 32211  TITLE PD □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	STREET ADORESS	· ·	10	4.3 STREET ADD		
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STREET ADDRESS  CITY-ST-ZIP  JACKSONVILLE FL 32211  TITLE  D  NAME  KOSTER, FRANCIS  S3 STREET ADDRESS  54 CITY-ST-ZIP  DV C  TITLE  DV C  TAME  TAMES  TAMES  TAMEA AARE  63 STREET ADDRESS  64 CITY-ST-ZIP  Change  CAddition  62 NAME  63 STREET ADDRESS  64 CITY-ST-ZIP  Change  CADDRESS  64 CITY-ST-ZIP  CHANGE  CADDRESS  CRESS TAM RA AARE	NAME	SOMMERS, ROBERT		5.2 NAME		•
TITLE D SOLUTION SOLU	STREET ADDRESS		00	5.3 STREET ADD	RESS	
TITLE D SOLETE 6.1 TITLE DVC Change MAddition  NAME KOSTER, FRANCIS  6.2 NAME JAMES JOHNSON  6.3 STREET ANDRESS (865 TAM RA LANS)	CITY-ST-ZIP	JACKSONVILLE FL 32211		5.4 CITY-ST-ZIF		
NAME KOSTER, FRANCIS  STREET ADDRESS  807 NIRA ST  LIACKSONVILLE FL  104 CITY-ST-ZIP  105 NAME  105 NAME  105 NAME  106 NAME  107 NIRA ST  108 NAME  109 NAM		_	<b>⊠</b> DELETE	6.1 TITLE	OVC	Change Addition
STREET ADDRESS 807 NIRA ST  OUTV. ST. ZIP JACKSONVILLE FL  6.3 STREET ADDRESS 6865 TAIN NA LANCE 6.4 CITY. ST. ZIP JACKSON VILLE FL 3 2216	NAME	7		6.2 NAME	JAMES JOHNSON	A / C
CITY ST. 78 JACKSONVILLE FL 32216	= =			6.3 STREET ADD	RESS 6865 TAMINA LA	7/40
	CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIF	JACKSON VILLE	FL 32216

4. 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. 1 further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99

ext 2/9
Daytime Phone #

JRZE037 (11/98)

Applied For

Not Applicable