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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 Business

900 UNIVERSITY BLVD N
STE 700
JACKSONVILLE FL 32211
US

Mailing Address

P O BOX 17067
JACKSONVILLE FL 32245
US



2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

09/19/1963

4. FEI Number

59-1022113

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SOMMERS, ROBERT A PHD M
900 UNIVERSITY BLVD N
STE 700
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DT
NAME SCHAU, MARK
STREET ADDRESS 90 UNIVERSITY BLVD N STE 700
CITY-STATE-ZIP JACKSONVILLE FL 32211
☒ DELETE

TITLE VCD
NAME MAULDIN, OLIN JR.
STREET ADDRESS 653-1 WEST 8TH ST
CITY-STATE-ZIP JACKSONVILLE FL
☐ DELETE

TITLE CD
NAME LOAR, KENTON
STREET ADDRESS 10407 CENTURION PKWY N
CITY-STATE-ZIP JACKSONVILLE FL
☐ DELETE

TITLE DS
NAME DARBY, BARBARA
STREET ADDRESS 700 UNIVERSITY BLVD N, STE 700
CITY-STATE-ZIP JACKSONVILLE FL 32211
☒ DELETE

TITLE PD
NAME SOMMERS, ROBERT
STREET ADDRESS 900 UNIVERSITY BLVD N, STE 700
CITY-STATE-ZIP JACKSONVILLE FL 32211
☐ DELETE

TITLE D
NAME KOSTER, FRANCIS
STREET ADDRESS 807 NIRA ST
CITY-STATE-ZIP JACKSONVILLE FL
☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DT
1.2 NAME W. JIM CLARK
1.3 STREET ADDRESS 510 N. JULIA ST
1.4 CITY-STATE-ZIP JACKSONVILLE, FL 32202
☐ Change ☒ Addition

2.1 TITLE CD
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
☐ Change ☐ Addition

4.1 TITLE DS
4.2 NAME GEORGE OWEN
4.3 STREET ADDRESS P.O. BOX 40789
4.4 CITY-STATE-ZIP JACKSONVILLE, FL 32203
☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
☐ Change ☐ Addition

6.1 TITLE DVC
6.2 NAME JAMES JOHNSON
6.3 STREET ADDRESS 6865 TAMARA LANE
6.4 CITY-STATE-ZIP JACKSONVILLE FL 32216
☐ Change ☒ Addition

14. 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 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: Robert Sommers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99

904-743-1883

ext 219

Date Daytime Phone #

CR2E037 (11/98)