2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706174

FILED Feb 09, 2005 Secretary of State

Entity Name: RENAISSANCE CENTER, INC.

Current Principal Place of Business: New Principal Place of Business: 900 UNIVERSITY BLVD N STE 700 JACKSONVILLE, FL 32211 US **New Mailing Address: Current Mailing Address:** P O BOX 17067 P O BOX 19249 JACKSONVILLE, FL 32245 US JACKSONVILLE, FL 32245 US FEI Number: 59-1022113 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SOMMERS, ROBERT A PHD M 900 UNIVERSITY BLVD N STE 700 JACKSONVILLE, FL 32211 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LEWIS, CHARLES W DR Name: Name: 5307 FLEET LANDING BLVD. Address: Address: City-St-Zip: ATLANTIC BEACH, FL 32233 City-St-Zip: Title: SD Title: () Delete () Change () Addition LECLERC, DONALD Name: Name: Address: 236 HOLLY COURT Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: Title: () Delete Title: () Change () Addition LOAR, KENTON Name: Name: 3901 S FLAGLER DR UNIT 1008 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33405 City-St-Zip: Title: CD () Delete Title: () Change () Addition Name: OWEN, GEORGE Name: Address: P.O. BOX 40789 Address: City-St-Zip: JACKSONVILLE, FL 32203 City-St-Zip: () Delete Title: Title: () Change () Addition SOMMERS, ROBERT Name: Name: 900 UNIVERSITY BLVD N, STE 700 Address: Address: City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip: Title: () Delete Title: (X) Change () Addition JOHNSON, JAMES BREW, RICHARD Name: Name: Address: 6865 TAMRA LN Address: 1301 RIVERPLACE BOULEVARD, SUITE 2300 JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32216 City-St-Zip: 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: ROBERT A. SOMMERS DP 02/09/2005