

# 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:

900 UNIVERSITY BLVD N  
STE 700  
JACKSONVILLE, FL 32211 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 17067  
JACKSONVILLE, FL 32245 US

## New Mailing Address:

P O BOX 19249  
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:

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

## Name and Address of New Registered Agent:

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:

Title: DT ( ) Delete  
Name: LEWIS, CHARLES W DR  
Address: 5307 FLEET LANDING BLVD.  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: SD ( ) Delete  
Name: LECLERC, DONALD  
Address: 236 HOLLY COURT  
City-St-Zip: JACKSONVILLE, FL 32218

Title: D ( ) Delete  
Name: LOAR, KENTON  
Address: 3901 S FLAGLER DR UNIT 1008  
City-St-Zip: WEST PALM BEACH, FL 33405

Title: CD ( ) Delete  
Name: OWEN, GEORGE  
Address: P.O. BOX 40789  
City-St-Zip: JACKSONVILLE, FL 32203

Title: PD ( ) Delete  
Name: SOMMERS, ROBERT  
Address: 900 UNIVERSITY BLVD N, STE 700  
City-St-Zip: JACKSONVILLE, FL 32211

Title: DVC ( ) Delete  
Name: JOHNSON, JAMES  
Address: 6865 TAMRA LN  
City-St-Zip: JACKSONVILLE, FL 32216

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVC (X) Change ( ) Addition  
Name: BREW, RICHARD  
Address: 1301 RIVERPLACE BOULEVARD, SUITE 2300  
City-St-Zip: JACKSONVILLE, FL 32207

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

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date