

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90030 045 ****70.00

DOCUMENT # 706174

1. Entity Name
RENAISSANCE CENTER, INC.



Principal Place of Business
**900 UNIVERSITY BLVD N
STE 700
JACKSONVILLE, FL 32211 US**

Mailing Address
**P O BOX 19249
JACKSONVILLE, FL 32245 US**

40000100



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1022113

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DT** ☐ Delete
NAME **LEWIS, CHARLES W DR**
STREET ADDRESS **5307 FLEET LANDING BLVD.**
CITY-ST-ZIP **ATLANTIC BEACH, FL 32233**

TITLE **SD** ☐ Delete
NAME **LECLERC, DONALD**
STREET ADDRESS **236 HOLLY COURT**
CITY-ST-ZIP **JACKSONVILLE, FL 32218**

TITLE **D** ☐ Delete
NAME **JOHNSON, HENRY**
STREET ADDRESS **2933 NORTH MYRTLE, STE 200**
CITY-ST-ZIP **JACKSONVILLE, FL 32209**

TITLE **CD** ☐ Delete
NAME **OWEN, GEORGE**
STREET ADDRESS **P.O. BOX 40789**
CITY-ST-ZIP **JACKSONVILLE, FL 32203**

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

TITLE **DVC** ☐ Delete
NAME **BREW, RICHARD**
STREET ADDRESS **P. O. BOX 10209**
CITY-ST-ZIP **JACKSONVILLE, FL 32247**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VCD** ☐ Change ☐ Addition
NAME
STREET ADDRESS **9000 Southside Blvd., Bldg.300, FL93000404**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CD** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

Robert A Sommers

1/26/07

**904-743-1883
extension 252**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Sommers, PhD

Daytime Phone #