


**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**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number  
**59-1022113**

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

01192007 Chg-NP CR2E037 (12/06)

Applied For  
 Not Applicable

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	DT LEWIS, CHARLES W DR 5307 FLEET LANDING BLVD. ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LECLERC, DONALD 236 HOLLY COURT JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, HENRY 2933 NORTH MYRTLE, STE 200 JACKSONVILLE, FL 32209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD OWEN, GEORGE P.O. BOX 40789 JACKSONVILLE, FL 32203	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOMMERS, ROBERT 900 UNIVERSITY BLVD N, STE 700 JACKSONVILLE, FL 32211	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC BREW, RICHARD P. O. BOX 10209 JACKSONVILLE, FL 32247	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD 9000 Southside Blvd., Bldg.300, FL93000404	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 PhD* 8/26/07 904-743-1883 extension 252  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Robert Sommers, PhD.** Daytime Phone #