

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

9/10/2004-90083-026-\$8.75-\$8.75

<b>DOCUMENT # 764483</b> 1. Entity Name <b>RENAISSANCE HISTORICAL SOCIETY OF FLORIDA, INC.</b>						04 OCT 18 AM 9:15  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>14 SW 2ND AVE. MIAMI FL 33130</b>				Mailing Address <b>14 SW 2ND AVE. MIAMI FL 33130</b>			
2. Principal Place of Business  Suite, Apt. #, etc.				3. Mailing Address  Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>59-2347584</b>						Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>						<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BROWN, GEORGE EARL 14 SW 2ND AVE. MIAMI FL 33130</b>				7. Name and Address of New Registered Agent Name <b>JOE ALLEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>1122 NE 91 ST.</b> City <b>MIAMI SHORES FL</b> Zip Code <b>33138</b>			
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 <u><i>Joe Allen</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				(NOTE: Registered Agent Signature required when reinstating) DATE <b>9-6-04</b>			
<b>FILE NOW: FEE IS \$61.25 Due By September 8, 2004</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, GEORGE E 14 S.W. SECOND AVE. MIAMI FL 33130 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURY BILL SIMS # 272 1927 East Bay Village FL 33131 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALLEN, JOE 1122 NE 91ST ST MIAMI SHORES FL 33138 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY THERESA BREWER #6 4970 SW 88 ST #6 MIAMI FL 33196 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALEXANDER, KATE 1950 SW 81ST TERRACE DAVIE FL 33324 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	400042075574 10/21/04--01057--010 **\$2.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			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"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 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: <u><i>Joe Allen</i></u> <b>JOE ALLEN</b>				Date <b>9-6-04</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Daytime Phone # <b>305/759-6651</b>			