

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000005172

**FILED**  
**May 01, 2004**  
**Secretary of State****Entity Name:** THE COMMUNITY NEIGHBORHOOD RENAISSANCE PARTNERSHIP, INC.**Current Principal Place of Business:**300 S ADMAS ST  
TALLAHASSEE, FL 32301**New Principal Place of Business:****Current Mailing Address:**1350 E-4 MAHAN DR  
212  
TALLAHASSEE, FL 32308**New Mailing Address:**400 CAPITAL CIRCLE, SUITE 18  
#198  
TALLAHASSEE, FL 32308**FEI Number:** 59-3672141**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MORGAN, ROSA  
1350 E-4 MAHAN DR  
TALLAHASSEE, FL 32308**Name and Address of New Registered Agent:**MORGAN, ROSA  
400 CAPITAL CIRCLE, SUITE 18  
#198  
TALLAHASSEE, FL 32301

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: \_\_\_\_\_

05/01/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** TD ( ) Delete  
**Name:** ARMSTRONG, KEN  
**Address:** 307 E 7TH AVENUE  
**City-St-Zip:** TALLAHASSEE, FL 32303**Title:** PD ( ) Delete  
**Name:** MUSTIAN, MARK  
**Address:** 300 S ADAMS ST  
**City-St-Zip:** TALLAHASSEE, FL 32301**Title:** VD ( ) Delete  
**Name:** WEST, PERRY L  
**Address:** 934 COCHRAN DRIVE  
**City-St-Zip:** TALLAHASSEE, FL 32301**Title:** SD ( ) Delete  
**Name:** MONTFORD, WILLIAM J  
**Address:** 2757 W PENSACOLA ST  
**City-St-Zip:** TALLAHASSEE, FL 32304**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:**

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: MARK MUSTIAN

PD

05/01/2004

Electronic Signature of Signing Officer or Director

Date