2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005172

FILED May 18, 2005 Secretary of State

Entity Name: THE COMMUNITY NEIGHBORHOOD RENAISSANCE PARTNERSHIP, INC.

Current Mailing Address: New Mailing Address () Certificate of Status Desired () New Mailing Address () Certificate of Status Desi	Current P	rincipal Place of Business:	New Prin	cipal Place of Business:
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Delete ARMSTRONG, KEN Address: 307 E 7TH AVENUE City-St-Zip: TALLAHASSEE, FL 32303 ADDITIONS/CHANGES TO OFFICERS AND DIRECTO City-St-Zip: TALLAHASSEE, FL 32301				
#198 TALLAHASSEE, FL 32308 FEI Number: 59-3672141 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: MORGAN, ROSA 400 CAPITAL CIRCLE, SUITE 18 #198 TALLAHASSEE, FL 32301 US 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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Title: TD () Delete Name: Address: 307 E 7TH AVENUE Address: 300 S ADAMS ST City-St-Zip: TALLAHASSEE, FL 32301 Title: PD () Delete Title: PD () Delete TALLAHASSEE, FL 32301 Title: VD () Delete Title: () Change () Addition Name: MARKS, JOHN Name: MARK	orrent M	lailing Address:	New Mail	ing Address:
FEI Number: 59-3672141 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Name and Address agent, or both and address agent, or both and and address agent agent, or both agent agen		TAL CIRCLE, SUITE 18		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Name and address of N		SSEE, FL 32308		
MORGAN, ROSA 100 CAPITAL CIRCLE, SUITE 18 1198 17ALLAHASSEE, FL 32301 US 17he 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				
Mark Park	lame and	Address of Current Registered Agent:	Name and	d Address of New Registered Agent:
Electronic Signature of Registered Agent DFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Title: TD () Delete Idame: ARMSTRONG, KEN Name: Address: 307 E 7TH AVENUE City-St-Zip: TALLAHASSEE, FL 32303 Title: PD () Delete Title: PD () Delete Title: PD () Delete Title: PD (X) Change () Addition Name: MARKS, JOHN Name: MARKS, JOHN Address: 300 S ADAMS ST Address: 300 S ADAMS ST City-St-Zip: TALLAHASSEE, FL 32301 Title: VD () Delete Title: VD () Change () Addition VAMPE: VAM	198	·		
DEFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTO itle: TD () Delete Title: () Change () Addition Name: ARMSTRONG, KEN ddress: 307 E 7TH AVENUE Address: itly-St-Zip: TALLAHASSEE, FL 32303 itle: PD () Delete Title: PD (X) Change () Addition Name: MUSTIAN, MARK ddress: 300 S ADAMS ST Address: 300 S ADAMS ST itly-St-Zip: TALLAHASSEE, FL 32301 itle: VD () Delete Title: () Change () Addition Name: MARKS, JOHN Address: 300 S ADAMS ST City-St-Zip: TALLAHASSEE, FL 32301 itle: VD () Delete Title: () Change () Addition Name: Mame: WEST, PERRY L ddress: 934 COCHRAN DRIVE itle: SD () Delete Title: () Change () Addition Name: MONTFORD, WILLIAM J			e of changing	its registered office or registered agent, or both,
tle: TD () Delete Title: () Change () Addition ARMSTRONG, KEN Name: ARMSTRONG, KEN Name: Address: 307 E 7TH AVENUE Address: ity-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: tle: PD () Delete Title: PD (X) Change () Addition Name: MARKS, JOHN Address: 300 S ADAMS ST Address: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32301 tle: VD () Delete Title: () Change () Addition Name: MARKS; JOHN Address: City-St-Zip: TALLAHASSEE, FL 32301 tle: VD () Delete Title: () Change () Addition Name: MARKS; JOHN Address: City-St-Zip: TALLAHASSEE, FL 32301 Title: VD () Change () Addition Name: MONTFORD, WILLIAM J	the State	e of Florida. RE:	e of changing	
ame: ARMSTRONĠ, KEN	the State	e of Florida. RE:	e of changing	
lame: MUSTIAN, MARK ddress: 300 S ADAMS ST City-St-Zip: TALLAHASSEE, FL 32301 Title: VD () Delete Title: () Change () Addition lame: WEST, PERRY L ddress: 934 COCHRAN DRIVE City-St-Zip: TALLAHASSEE, FL 32301 Title: SD () Delete Title: () Change () Addition City-St-Zip: TALLAHASSEE, FL 32301 Title: SD () Delete Title: () Change () Addition Name: Title: () Change () Addition Name:	n the State	e of Florida. RE: Electronic Signature of Registered Agent		Date
ddress: 300 S ADAMS ST Address: 300 S ADAMS ST ity-St-Zip: TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 itle: VD () Delete Title: () Change () Addition ame: WEST, PERRY L Name: ddress: 934 COCHRAN DRIVE Address: ity-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: itle: SD () Delete Title: () Change () Addition ame: MONTFORD, WILLIAM J Name:	n the State IGNATUI DFFICER: itle: ame: ddress:	e of Florida. RE: Electronic Signature of Registered Agent S AND DIRECTORS: TD () Delete ARMSTRONG, KEN 307 E 7TH AVENUE	ADDITIOI Title: Name: Address:	Date NS/CHANGES TO OFFICERS AND DIRECTOR
city-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32301 itle: VD () Delete Title: () Change () Addition Name: Name: Address: 934 COCHRAN DRIVE Address: City-St-Zip: TALLAHASSEE, FL 32301 itle: SD () Delete Title: () Change () Addition Name: Name: MONTFORD, WILLIAM J	on the State CIGNATUI DFFICER: ittle: iame: ddress: citty-St-Zip: ittle:	e of Florida. RE: Electronic Signature of Registered Agent S AND DIRECTORS: TD () Delete ARMSTRONG, KEN 307 E 7TH AVENUE TALLAHASSEE, FL 32303 PD () Delete	ADDITIOI Title: Name: Address: City-St-Zip: Title:	Date NS/CHANGES TO OFFICERS AND DIRECTOR () Change () Addition PD (X) Change () Addition
ame: WEST, PERRY L Name: ddress: 934 COCHRAN DRIVE Address: ity-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: tle: SD () Delete Title: () Change () Addition ame: MONTFORD, WILLIAM J Name:	the State IGNATUI FFICER: ttle: ame: ddress: ity-St-Zip: ttle: ame:	e of Florida. RE: Electronic Signature of Registered Agent S AND DIRECTORS: TD () Delete ARMSTRONG, KEN 307 E 7TH AVENUE TALLAHASSEE, FL 32303 PD () Delete MUSTIAN, MARK	ADDITIOI Title: Name: Address: City-St-Zip: Title: Name:	Date NS/CHANGES TO OFFICERS AND DIRECTOR () Change () Addition PD (X) Change () Addition MARKS, JOHN
ddress: 934 COCHRAN DRIVE Address: ity-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: itle: SD () Delete Title: () Change () Addition ame: MONTFORD, WILLIAM J Name:	n the State CIGNATUI CIFFICER CITE CIT	e of Florida. RE: Electronic Signature of Registered Agent S AND DIRECTORS: TD () Delete ARMSTRONG, KEN 307 E 7TH AVENUE TALLAHASSEE, FL 32303 PD () Delete MUSTIAN, MARK 300 S ADAMS ST	ADDITIOI Title: Name: Address: City-St-Zip: Title: Name: Address:	Date NS/CHANGES TO OFFICERS AND DIRECTOR () Change () Addition PD (X) Change () Addition MARKS, JOHN 300 S ADAMS ST
ity-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: itle: SD () Delete Title: () Change () Addition ame: MONTFORD, WILLIAM J Name:	n the State IGNATUI DFFICER: itle: ame: ddress: ity-St-Zip: itle: ame: ddress: ity-St-Zip:	e of Florida. RE: Electronic Signature of Registered Agent S AND DIRECTORS: TD () Delete ARMSTRONG, KEN 307 E 7TH AVENUE TALLAHASSEE, FL 32303 PD () Delete MUSTIAN, MARK 300 S ADAMS ST TALLAHASSEE, FL 32301 VD () Delete	ADDITIOI Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	Date NS/CHANGES TO OFFICERS AND DIRECTOR () Change () Addition PD (X) Change () Addition MARKS, JOHN 300 S ADAMS ST TALLAHASSEE, FL 32301
itle: SD () Delete Title: () Change () Addition ame: MONTFORD, WILLIAM J Name:	preference of the state of the	e of Florida. RE: Electronic Signature of Registered Agent S AND DIRECTORS: TD () Delete ARMSTRONG, KEN 307 E 7TH AVENUE TALLAHASSEE, FL 32303 PD () Delete MUSTIAN, MARK 300 S ADAMS ST TALLAHASSEE, FL 32301 VD () Delete WEST, PERRY L	ADDITIOI Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name:	Date NS/CHANGES TO OFFICERS AND DIRECTOR () Change () Addition PD (X) Change () Addition MARKS, JOHN 300 S ADAMS ST TALLAHASSEE, FL 32301
ame: MONTFORD, WILLIAM J Name:	the State IGNATUI FFICER: tle: ame: ddress: ity-St-Zip: tle: ame: ddress: ity-St-Zip: tte: ame: ddress:	e of Florida. RE: Electronic Signature of Registered Agent S AND DIRECTORS: TD () Delete ARMSTRONG, KEN 307 E 7TH AVENUE TALLAHASSEE, FL 32303 PD () Delete MUSTIAN, MARK 300 S ADAMS ST TALLAHASSEE, FL 32301 VD () Delete WEST, PERRY L 934 COCHRAN DRIVE	ADDITIOI Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	Date NS/CHANGES TO OFFICERS AND DIRECTOR () Change () Addition PD (X) Change () Addition MARKS, JOHN 300 S ADAMS ST TALLAHASSEE, FL 32301
	of the State of th	e of Florida. RE: Electronic Signature of Registered Agent S AND DIRECTORS: TD () Delete ARMSTRONG, KEN 307 E 7TH AVENUE TALLAHASSEE, FL 32303 PD () Delete MUSTIAN, MARK 300 S ADAMS ST TALLAHASSEE, FL 32301 VD () Delete WEST, PERRY L 934 COCHRAN DRIVE	ADDITIOI Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	Date NS/CHANGES TO OFFICERS AND DIRECTOR () Change () Addition PD (X) Change () Addition MARKS, JOHN 300 S ADAMS ST TALLAHASSEE, FL 32301
ddress: 2757 W PENSACOLA ST Address:	the State of the S	e of Florida. RE: Electronic Signature of Registered Agent S AND DIRECTORS: TD () Delete ARMSTRONG, KEN 307 E 7TH AVENUE TALLAHASSEE, FL 32303 PD () Delete MUSTIAN, MARK 300 S ADAMS ST TALLAHASSEE, FL 32301 VD () Delete WEST, PERRY L 934 COCHRAN DRIVE TALLAHASSEE, FL 32301	ADDITIOI Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	Date NS/CHANGES TO OFFICERS AND DIRECTOR () Change () Addition PD (X) Change () Addition MARKS, JOHN 300 S ADAMS ST TALLAHASSEE, FL 32301 () Change () Addition
ity-St-Zip: TALLAHASSEE, FL 32304 City-St-Zip:	of the State CIGNATUI DFFICER: ittle: ame: ddress: ity-St-Zip: ittle: ame: ddress: ity-St-Zip: ittle: ame: ittle: ame:	e of Florida. RE: Electronic Signature of Registered Agent S AND DIRECTORS: TD () Delete ARMSTRONG, KEN 307 E 7TH AVENUE TALLAHASSEE, FL 32303 PD () Delete MUSTIAN, MARK 300 S ADAMS ST TALLAHASSEE, FL 32301 VD () Delete WEST, PERRY L 934 COCHRAN DRIVE TALLAHASSEE, FL 32301 SD () Delete MONTFORD, WILLIAM J	ADDITIOI Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name:	Date NS/CHANGES TO OFFICERS AND DIRECTOR () Change () Addition PD (X) Change () Addition MARKS, JOHN 300 S ADAMS ST TALLAHASSEE, FL 32301 () Change () Addition

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: JOHN MARKS PD 05/18/2005