

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005172

FILED  
Apr 24, 2007  
Secretary of State

**Entity Name:** THE COMMUNITY NEIGHBORHOOD RENAISSANCE PARTNERSHIP, INC.

**Current Principal Place of Business:**

300 S ADAMS ST  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

400 CAPITAL CIRCLE, SUITE 18  
#198  
TALLAHASSEE, FL 32308

**New Mailing Address:**

**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  
400 CAPITAL CIRCLE, SUITE 18  
#198  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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:**

Title: TD ( ) Delete  
Name: ARMSTRONG, KEN  
Address: 307 E 7TH AVENUE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: PD ( ) Delete  
Name: MARKS, JOHN  
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 32304

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: SD (X) Change ( ) Addition  
Name: PONS, JACKIE  
Address: 2757 W PENSACOLA ST  
City-St-Zip: TALLAHASSEE, FL 32304

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

04/24/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date