

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000005172

FILED
Apr 30, 2003
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:

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:

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: MEISBURG, STEVE
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: PD (X) Change () Addition
Name: MUSTIAN, MARK
Address: 300 S ADAMS ST
City-St-Zip: TALLAHASSEE, FL 32301

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

04/30/2003

Electronic Signature of Signing Officer or Director

_____ Date