

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

DOCUMENT# N02000007331

**FILED**  
**Sep 19, 2004**  
**Secretary of State****Entity Name:** RENAISSANCE ACADEMY, INC.**Current Principal Place of Business:**8431 CORPORATE WAY  
NEW PORT RICHEY, FL 34653**New Principal Place of Business:****Current Mailing Address:**8431 CORPORATE WAY  
NEW PORT RICHEY, FL 34653**New Mailing Address:****FEI Number:** 65-1169989**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**CAFFREY, JANINE W  
3428 ELLINGTON WAY  
NEW PORT RICHEY, FL 34655 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:** D ( ) Delete  
**Name:** CAFFREY, JANINE E  
**Address:** 3428 ELLINGTON WAY  
**City-St-Zip:** NEW PORT RICHEY, FL 34655**Title:** T ( ) Delete  
**Name:** LUSK, KATHLEEN  
**Address:** 3421 TOWN AVE  
**City-St-Zip:** NEW PORT RICHEY, FL 34652**Title:** P ( ) Delete  
**Name:** ANDRASY, THERESA  
**Address:** 5500 GULF TRACE BLVD  
**City-St-Zip:** HOLIDAY, FL 34691**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** T (X) Change ( ) Addition  
**Name:** BRADY, BRAD  
**Address:** 1506 FLATWOOD COURT  
**City-St-Zip:** TRINITY, FL 34655**Title:** P (X) Change ( ) Addition  
**Name:** CAFFREY, DREW  
**Address:** 3428 ELLINGTON WAY  
**City-St-Zip:** NEW PORT RICHEY, FL 34655

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: JANINE W. CAFFREY

D

09/19/2004

Electronic Signature of Signing Officer or Director

Date