


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90104 044 ****70.00

DOCUMENT # N04000007535
 1. Entity Name
RENAISSANCE ART FOUNDATION INCORPORATED



Principal Place of Business Mailing Address
 2185 SPRING CREEK CIRCLE NE 2185 SPRING CREEK CIRCLE NE
 PALM BAY FL 32905-4035 PALM BAY FL 32905-4035

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/04)

4. FEL Number Applied For
55-0878841 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FALOTICO, FRANCIS E
2185 SPRING CREEK CIRCLE NE
PALM BAY FL 32905-4035

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of, registered agent.
 SIGNATURE: *Francis E Falotico* DATE: **3/31/2005**

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FALOTICO, FRANCIS E	
STREET ADDRESS	2185 SPRING CREEK CIRCLE NE	
CITY-ST-ZIP	PALM BAY FL 32905-4035	
TITLE	VFS	<input type="checkbox"/> Delete
NAME	FALOTICO, MARICA A	
STREET ADDRESS	2185 SPRING CREEK CIRCLE NE	
CITY-ST-ZIP	PALM BAY FL 32905-4035	
TITLE	S	<input type="checkbox"/> Delete
NAME	FALORICO, DAWN M	
STREET ADDRESS	2222 SPRING CREEK CIRCLE NE	
CITY-ST-ZIP	PALM BAY FL 32905-4035	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Francis E Falotico* DATE: **3/31/2005** DAYTIME PHONE #: **(321) 258-2700**