

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006458

FILED
May 04, 2009
Secretary of State

Entity Name: PANAMA CITY RENAISSANCE SCHOOL, INC.

Current Principal Place of Business:

100 N. MAC ARTHUR AVE.
PANAMA CITY, FL 32401

New Principal Place of Business:

1608 BAKER COURT
PANAMA CITY, FL 32401

Current Mailing Address:

P. O. BOX 174
PANAMA CITY, FL 32402

New Mailing Address:

FEI Number: 20-3053970 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:

Name and Address of New Registered Agent:

TALKINGTON, JULIANN P
218 N. KIMBREL #9
PANAMA CITY, FL 32404 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:

Title: D () Delete
Name: TALKINGTON, JULIANN P
Address: 218 N. KIMBREL AVE., #9
City-St-Zip: CALLAWAY, FL 32404

Title: D () Delete
Name: HARRELL, HUGULEY
Address: 2002-A YARROUGH DRIVE
City-St-Zip: OPELIKA, AL 36830

Title: D () Delete
Name: CHARLES, WRIGHT
Address: 1037 TERRACE ACRES CIR
City-St-Zip: AUBURN, AL 36830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HUGULEY, HARRELL
Address: 2002-A YARROUGH DRIVE
City-St-Zip: OPELIKA, AL 36830

Title: D (X) Change () Addition
Name: NIELSON, NONI
Address: 1201 NICHOL LANE
City-St-Zip: NASHVILLE, TN 37205

I hereby certify that the information supplied with this filing does not qualify 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: JULIANN TALKINGTON

D

05/04/2009

Electronic Signature of Signing Officer or Director

Date