

[Empty rectangular box]

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

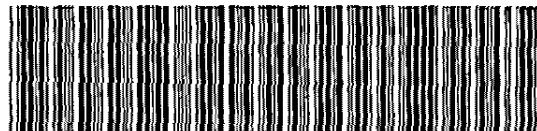
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1995



FILED SECRETARY OF STATE CORPORATIONS

95 MAR 22 PM 3:37

DOCUMENT # N45405 (0)

RENAISSANCE VILLAGE, INC.

100 CRESTWOOD BOULEVARD SOUTH ROYAL PALM BEACH FL 33411

100 CRESTWOOD BOULEVARD SOUTH ROYAL PALM BEACH FL 33411

09/30/1991

03/09/1994

65-0298299

Form with fields 21-30: 21. Name of Business, 22. City & State, 23. Country, 24. Name and Address of Current Registered Agent, 25. Name and Address of New Registered Agent, 26. Mailing Address, 27. State Apt # etc, 28. City & State, 29. Zip, 30. Country, 31. Certificate of Status Desired, 32. Election to be a Nonprofit with IRS 501(c)(3) Tax Exempt Status, 33. Additional Fee Requested, 34. May Be Added to Fees, 35. Supplemental Fee Not Required, 36. This corporation has liability for intangible taxes under Florida Statutes.

FHS CORPORATE SERVICES, INC. 11780 U.S. HIGHWAY #1, SUITE 300 NORTH PALM BEACH FL 33408

Fields 81-85: 81. Name, 82. Street Address (P.O. Box Number is Not Acceptable), 83. City, 84. City, 85. State (FL)

I, the undersigned, in the presence of Section 607(05)(2) and (05)(3) Florida Statutes, the above-named corporation submits this statement for the purpose of filing the same with the Secretary of State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as required and agree to comply with and accept the obligations of Section 607(05)(5), Florida Statutes.

SIGNATURE: _____

Table with 2 columns: OFFICERS AND DIRECTORS, and ADJUDICANTS CHARGED TO OFFICERS. Rows include DP ARMBRUST, REV LEO F., DV FLEMING, JOSEPH M., DST MATHIS, JOHN H.

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I certify that the information reported on this official report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if I were an officer or director of the corporation or the receiver or trustee and answers to a subpoena this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of Chapter 617, Florida Statutes, or on an attachment with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31745 (40) 0277100