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

Feb 14, 2005 8:00 am **Secretary of State** DOCUMENT # N95000000640 1. Entity Name 02-14-2005 90054 011 ****61.25 RENAISSANCE PARK YOUTH CAMP AND FAMILY CENTER, INC. Principal Place of Business Mailing Address 5889 HARTSFIELD RD 4324 WOODBERRY ROAD MARIANNA FL 32421 MARIANNA FL 32448 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-3246936 Not Applicable Zip Country Country \$8.75 Additional Zip 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SYLVÉSTÉR, DÁNNY R Street Address (P.O. Box Number is Not Acceptable) 4324 WOODBERRY ROAD MARIANNA FL 32446 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE TITE Detete Addition A RHODES, MYRTLE NAME NAME 2893 EVA MAE ST STREET ADDRESS STREET ADDRESS MARIANNA FL CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition BEARWOOD, BRIAN NAME 4428 LAFAYETTE ST STREET ADDRESS STREET ADDRESS MARIANNA FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition HOLMES, GLENN NAME NAME P O BOX 5744 N/A_ .__ STREET ADDRESS STREET ADDRESS. MARIANNA FL 32446 CITY+ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Defete Change ☐ Addition CONERLY, CHARLES NAME NAME 3455 LOVEWOOD ROAD STREET ADDRESS STREET ADDRESS MARIANNA FL CITY-ST-ZIP CITY-ST-ZIP TITLE THILE Delete ☐ Change ☐ Addition COFIELD, VERNON NAME NAME 2659 CHOCTAW STREET ADDRESS STREET ADDRESS MARIANNA FL CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition KELLY, LEON NAME NAME 3605 BUMP NOSE ROAD STREET ADDRESS STREET ADDRESS MARIANNA FL 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 AND TYPED OR PE

SIGNATURE:

FILED