


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # N95000000640 1. Entity Name RENAISSANCE PARK YOUTH CAMP AND FAMILY CENTER, INC.	
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Principal Place of Business 5889 HARTSFIELD RD MARIANNA, FL 32421 US	Mailing Address 4324 WOODBERRY ROAD MARIANNA, FL 32448 US
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DO NOT WRITE IN THIS SPACE



04152007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3246936	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SYLVESTER, DANNY R
4324 WOODBERRY ROAD
MARIANNA, FL 32446**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHODES, MYRTLE 2893 EVA MAE ST MARIANNA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEARWOOD, BRIAN 4428 LAFAYETTE ST MARIANNA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLMES, GLENN P O BOX 5744 N/A MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONERLY, CHARLES 3455 LOVEWOOD ROAD MARIANNA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COFIELD, VERNON 2659 CHOCTAW MARIANNA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, LEON 3605 BUMP NOSE ROAD MARIANNA, FL

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U000000752418
05/21/07-80016-010 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **4-30-07** **850-482-7497**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #