

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000640

FILED
Apr 20, 2009
Secretary of State

Entity Name: RENAISSANCE PARK YOUTH CAMP AND FAMILY CENTER, INC.

Current Principal Place of Business:

5889 HARTSFIELD RD
MARIANNA, FL 32421 US

New Principal Place of Business:

Current Mailing Address:

4324 WOODBERRY ROAD
MARIANNA, FL 32448 US

New Mailing Address:

FEI Number: 59-3246936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SYLVESTER, DANNY R
4324 WOODBERRY ROAD
MARIANNA, FL 32448 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: _____

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GLENDOLYN, SUMMERS
Address: 4244 CEDAR ST.
City-St-Zip: MARIANNA, FL 32448

Title: D () Delete
Name: BEARWOOD, BRIAN
Address: 4428 LAFAYETTE ST
City-St-Zip: MARIANNA, FL

Title: D () Delete
Name: HOLMES, GLENN
Address: P O BOX 5744 N/A
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: CONERLY, CHARLES
Address: 3455 LOVEWOOD ROAD
City-St-Zip: MARIANNA, FL

Title: D () Delete
Name: SPIKES, MARION
Address: 3299 HWY 90
City-St-Zip: MARIANNA, FL 32448

Title: D () Delete
Name: KELLY, LEON
Address: 3605 BUMP NOSE ROAD
City-St-Zip: MARIANNA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: DANNY SYLVESTER, SR.

MR.

04/20/2009

Electronic Signature of Signing Officer or Director

Date