

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000003327

1. Corporation Name

SOUTH PUTNAM RENAISSANCE, INC.

Principal Place of Business

228 SO. SUMMIT ST.
CRESCENT FL 32112

Mailing Address

228 SO. SUMMIT ST.
CRESCENT FL 32112

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90072 039 ****70.00

102581-90072-39



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 PO Box 832 Suite, Apt. #, etc.

27 City & State
28 Crescent City, FL

29 Zip Country
30 32112 U.S.A.

3. Date Incorporated or Qualified

06/08/1998

4. FEI Number

59-3520908

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HAIRE, KELVIN
228 SO. SUMMIT ST.
CRESCENT FL 32112

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **KELVIN HAIRE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/11/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **SINGLETON, RAYMOND**
STREET ADDRESS **RT.3 BOX 146**
CITY-ST-ZIP **CRESCENT CITY FL 32112**

TITLE **D** ☐ DELETE
NAME **GLENN, DIANE**
STREET ADDRESS **STAR ROUTE 1 BOX 80**
CITY-ST-ZIP **CRESCENT CITY FL 32112**

TITLE **D** ☐ DELETE
NAME **HAIRE, KELVIN**
STREET ADDRESS **228 SO. SUMMIT ST.**
CITY-ST-ZIP **CRESCENT CITY FL 32112**

TITLE **D** ☐ DELETE
NAME **TONER, EDWARD**
STREET ADDRESS **210 PALMETTO AVE.**
CITY-ST-ZIP **CRESCENT CITY FL 32112**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **Secretary**
1.3 STREET ADDRESS **HAIRE, TERRY**
1.4 CITY-ST-ZIP **228 SO SUMMIT ST.**
CRESCENT CITY, FL 32112

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **TREASURER**
2.3 STREET ADDRESS **TONER, DONNA**
2.4 CITY-ST-ZIP **210 PALMETTO AVE.**
CRESCENT CITY, FL 32112

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **PRESIDENT**
3.3 STREET ADDRESS **TONER, EDWARD C.**
3.4 CITY-ST-ZIP **210 PALMETTO AVE.**
CRESCENT CITY, FL 32112

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **VICE PRESIDENT**
4.3 STREET ADDRESS **HAIRE, KELVIN**
4.4 CITY-ST-ZIP **228 SO SUMMIT ST**
Crescent City, FL 32112

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kelvin Haire 1/11/99 904-698-284.

Date

Daytime Phone #

0001766

CR2E037 (11/98)