

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

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90048 003 \*\*\*\*61.25

**DOCUMENT # N99000005794**

1. Entity Name

RENAISSANCE CENTER FOR THE ARTS, INC.



Principal Place of Business

2201 N FLORIDA AVE  
TAMPA FL 33602  
US

Mailing Address

10517 ROCHESTER WAY  
TAMPA FL 33626  
US

**50014075**



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3610401

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUTRO, NICHOLAS  
10517 ROCHESTER WAY  
TAMPA FL 33626

Name

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

City

**FL**

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**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE OT ☐ Delete  
NAME CUTRO, NICHOLAS  
STREET ADDRESS 2201 N FLORIDA AVE  
CITY-ST-ZIP TAMPA FL 33602

TITLE D ☐ Delete  
NAME EDBERG, JUDITH  
STREET ADDRESS 401 W. KENNEDY BLVD.  
CITY-ST-ZIP TAMPA FL 33606

TITLE D ☐ Delete  
NAME HALPERN, ANDREA  
STREET ADDRESS 202 S. PARKER ST.  
CITY-ST-ZIP VALRICO FL 33594

TITLE D ☐ Delete  
NAME LAMB, PATRICIA  
STREET ADDRESS 2311 DELAMERE COURT  
CITY-ST-ZIP VALRICO FL 33594

TITLE D ☐ Delete  
NAME SAUL-SENA, LINDA  
STREET ADDRESS 315 E. KENNEDY BLVD.  
CITY-ST-ZIP TAMPA FL 33602

TITLE D ☐ Delete  
NAME SEGAL, MARK  
STREET ADDRESS 4400 N. ARMENIA AVE.  
CITY-ST-ZIP TAMPA FL 33601

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Nick Cutro*

2-6-05

813-221-9448