


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

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000005794 1. Entity Name RENAISSANCE CENTER FOR THE ARTS, INC.	
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Principal Place of Business 2201 N FLORIDA AVE TAMPA, FL 33602 US	Mailing Address 10517 RACHESTER WAY TAMPA, FL 33626 US
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04102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3610401	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CUTRO, NICHOLAS 10517 ROCHESTER WAY TAMPA, FL 33626
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**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 re-registering) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD CUTRO, NICHOLAS 2201 N FLORIDA AVE TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRONG, ELIZABETH 3025 VILLA ROSA PARK TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REECH, JAN 10307 MANTA WAY TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SEGAL, MARK 4400 N. ARMENIA AVE. TAMPA, FL 33601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000703779
04/20/07-80155-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Nicholas Cutro 4/09/07 813-253-2911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #