## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 706174** 

Entity Name: RENAISSANCE CENTER, INC.

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**Current Principal Place of Business:** 

10550 DEERWOOD PARK BOULEVARD STE 600

JACKSONVILLE, FL 32256

**Current Mailing Address:** 

P O BOX 19249

JACKSONVILLE, FL 32245 US

FEI Number: 59-1022113 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SOMMERS, ROBERT A PH.D 10550 DEERWOOD PARK BOULEVARD STE 600 JACKSONVILLE, FL 32256 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:

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title TREASURER, DIRECTOR Title SECRETARY, DIRECTOR

Name BASS, ROBIN Name JARRETT, MARY

Address 4115 ALHAMBRA DRIVE WEST Address 1633 RIVERSIDE AVENUE

City-State-Zip: JACKSONVILLE FL 32207 City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR Title VC, DIRECTOR
Name JOHNSON, HENRY Name OWEN, GEORGE

Address 8933 ELIZABETH FALLS DRIVE Address 261 CRANES LAKE DRIVE

City-State-Zip: JACKSONVILLE FL 32225 City-State-Zip: PONTE VEDRA BEACH FL 32082

Title PRESIDENT, DIRECTOR Title CHAIRMAN, DIRECTOR

Name SOMMERS, ROBERT A Name BREW, RICHARD

Address 10550 DEERWOOD PARK Address 10739 DEERWOOD PARK

BOULEVARD, #600 BOULEVARD

City-State-Zip: JACKSONVILLE FL 32256 City-State-Zip: JACKSONVILLE FL 32256

I hereby 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 all other like empowered.

SIGNATURE: ROBERT SOMMERS

PRESIDENT/CEO

02/09/2015

FILED Feb 09, 2015

**Secretary of State** 

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