## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#715901** 

FILED Mar 25, 2009 Secretary of State

Entity Name: SHOW FOLKS RETIREMENT VILLAGE, INC. **Current Principal Place of Business: New Principal Place of Business:** 6915 RIVERVIEW DR. RIVERVIEW, FL 33578 US **Current Mailing Address: New Mailing Address:** PO BOX 188 GIBSONTON, FL 33534 US FEI Number: 23-7258087 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCEWEN, DAVID B 560 FIRST AVENUE NORTH ST. PETERSBURG, FL 33701 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete RIMES, TERESA L Name: Name: 6915 RIVERVIEW DR Address: Address: City-St-Zip: RIVERVIEW, FL 33578 US City-St-Zip: Title: SD ( ) Delete Title: SD (X) Change ( ) Addition Name: GAGNE, ROLAND Name: MAYO, CHARLES Address: 6915 RIVERVIEW DR Address: 6915 RIVERVIEW DR City-St-Zip: RIVERVIEW, FL 33578 US City-St-Zip: RIVERVIEW, FL 33578 US Title: TD () Delete Title: () Change () Addition DUVALL, PHYLLIS Name: Name: 6915 RIVERVIEW DR Address: Address: City-St-Zip: RIVERVIEW, FL 33578 US City-St-Zip: Title: VD () Delete Title: VD (X) Change ( ) Addition SKRIVANIE, HELEN Name: Name: REDICK, THOMAS 1511 RIVER DRIVE 6915 RIVERVIEW DR. Address: Address: City-St-Zip: RUSKIN, FL 33570 US City-St-Zip: RIVERVIEW, FL 33578 US Title: ( ) Delete Title: (X) Change ( ) Addition SIKES, CAROL J SIKES, CAROL J Name: Name: 6111 PALM AVE. 6915 RIVERVIEW DR. Address: Address: GIBSONTON, FL 33534 US RIVERVIEW, FL 33578 US City-St-Zip: 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: CAROL J. SIKES D 03/25/2009