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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000002268 (0)

1. Corporation Name
TAMPA BAY RETIREMENT CENTERS, INC.

Principal Place of Business	Mailing Address
1514 EAST CHELSEA ST TAMPA FL 33610 US	1514 EAST CHELSEA ST TAMPA FL 33610 US

3. Date Incorporated or Qualified: 05/03/1994

4. FEI Number: 74-2382236 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH, JOHN B.
~~1460 GULF BLVD. #305~~
~~CLEARWATER FL 34630~~

10. Name and Address of New Registered Agent

81 Name: Smith John B
82 Street Address (P.O. Box Number is Not Acceptable): 1514 E Chelsea St
83:
84 City: TAMPA **FL** 85 Zip Code: 33610

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEOD	☐ DELETE	1.1 TITLE	P CEOD	☒ Change ☒ Addition
NAME	SMITH, JACK		1.2 NAME	SMITH, JACK	
STREET ADDRESS	1460 GULF BLVD 305		1.3 STREET ADDRESS	1514 E. CHELSEA ST.	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	SD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	COOPER, FRANCES		2.2 NAME		
STREET ADDRESS	1460 GULF BLVD 305		2.3 STREET ADDRESS	1514 E. CHELSEA ST.	
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	TD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	HENTSCHEL, DONALD		3.2 NAME		
STREET ADDRESS	216 WICKLOUS		3.3 STREET ADDRESS	130 PERL ST. #1807	
CITY-ST-ZIP	FT MYERS FL		3.4 CITY-ST-ZIP	DENVER, CO 80203	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: John B Smith 3/9/98 (813)2386406
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR