

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -5 PM 2:57

DOCUMENT # **N06529** (4)

1. Corporation Name

**THE RETIREMENT HOUSING COUNCIL, INC.**

Principal Place of Business

Mailing Address

912 SOUTH MLK BLVD.  
P O BOX 12934  
TALLAHASSEE FL 32301  
US

P O BOX 12934  
TALLAHASSEE FL 32317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/07/1984** 3a. Date of Last Report **06/15/1994**

4. FEI Number **59-2522623** Applied For  Not Applicable

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 **215 So MONROE ST**

26 **P.O. Box 12934**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 500 SW**

27

City & State

City & State

23 **TALLAHASSEE, FL**

28 **TALLAHASSEE FL**

Zip

Country

Zip

Country

24 **32301**

25 **USA**

29 **32317**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANLEY, WILLIAM R.  
2846 B REMINGTON GREEN  
TALLAHASSEE FL 32308

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>
NAME	<b>JOHNSON, R. KELLEY</b>
STREET ADDRESS	<b>18817 US HWY 19 N, #300</b>
CITY - ST - ZIP	<b>CLEARWATER FL</b>
TITLE	<b>D</b>
NAME	<b>DALTON, JANNETTE M.</b>
STREET ADDRESS	<b>6100 COMMON CIRCLE</b>
CITY - ST - ZIP	<b>WEST PALM BEACH FL</b>
TITLE	<b>D</b>
NAME	<b>NHIL, JOY</b>
STREET ADDRESS	<b>2801 N.W. 63RD STREET</b>
CITY - ST - ZIP	<b>GAINESVILLE FL</b>
TITLE	<b>P</b>
NAME	<b>HUSSEY, PATRICK</b>
STREET ADDRESS	<b>23033 WESTCHESTER BLVD</b>
CITY - ST - ZIP	<b>CLEARWATER FL</b>
TITLE	<b>D</b>
NAME	<b>SMITH, CRAIG</b>
STREET ADDRESS	<b>1343 MAIN ST.</b>
CITY - ST - ZIP	<b>SARASOTA FL</b>
TITLE	<b>EVP</b>
NAME	<b>HOST, BRUCE J</b>
STREET ADDRESS	<b>2908 TYRON CR</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>PRESIDENT</b>
4.3 STREET ADDRESS	<b>NEWBERRY, JERRY</b>
4.4 CITY - ST - ZIP	<b>3435 FOX RUN ROAD</b>
	<b>SARASOTA, FL 34231</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Executive Vice President **4-3-95** **681-2V31**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Full)