

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N06529** (4)  
1. Corporation Name

**THE RETIREMENT HOUSING COUNCIL, INC.**



Principal Place of Business: 215 S MONROE ST, SUITE 500 SW, TALLAHASSEE FL 32301 US  
Mailing Address: P.O. BOX 12434, P O BOX 12934, TALLAHASSEE FL 32317 US

3. Date Incorporated or Qualified: 12/07/1984  
3a. Date of Last Report: 04/05/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, and Zip/Country.

4. FEI Number: 59-2522623  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

**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 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, R. KELLEY	
STREET ADDRESS	18617 US HWY 19 N, #300	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DALTON, JANNETTE M.	
STREET ADDRESS	6100 COMMON CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NIHL, JOY	
STREET ADDRESS	2801 N.W. 83RD STREET	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	NEWBERRY, JERRY	
STREET ADDRESS	3435 FOXRUN RD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, CRAIG	
STREET ADDRESS	1343 MAIN ST.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	HOST, BRUCE J	
STREET ADDRESS	2906 TYRON CR	
CITY-ST-ZIP	TALLAHASSEE FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARION PALMER DEAS	
1.3 STREET ADDRESS	5855 TOWN CENTER ROAD STE 801	
1.4 CITY-ST-ZIP	BOLA RATION FL 33486	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ronald R. Shuck	
2.3 STREET ADDRESS	18167 US Hwy 19 No. Ste 650	
2.4 CITY-ST-ZIP	CLEARWATER, FL 34624	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 2-28-96 DAYTIME PHONE #: 904-681-2439

CR2E037 (12/95)