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Jan 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 Mailing Address  
215 S MONROE ST SUITE 500 SW TALLAHASSEE FL 32301 US  
P.O. BOX 12434 P O BOX 12834 TALLAHASSEE FL 32317-2834 US

3. Date Incorporated or Qualified 12/07/1984  
3a. Date of Last Report 03/04/1996  
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  
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
HANLEY, WILLIAM R.  
2846 B REMINGTON GREEN  
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent  
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  DELETE  
NAME JOHNSON, R. KELLEY  
STREET ADDRESS 18617 US HWY 19 N, #300  
CITY-ST-ZIP CLEARWATER FL  
TITLE  DELETE  
NAME WEASE, MARIAN P.  
STREET ADDRESS 5355 TOWN CENTER ROAD, STE 801  
CITY-ST-ZIP BOCA RATON FL  
TITLE  DELETE  
NAME SCHUCK, RONALD R.  
STREET ADDRESS 18167 US HWY 19 N, STE 650  
CITY-ST-ZIP CLEARWATER FL  
TITLE  DELETE  
NAME NEWBERRY, JERRY  
STREET ADDRESS 3435 FOXRUN RD  
CITY-ST-ZIP SARASOTA FL  
TITLE  DELETE  
NAME SMITH, CRAIG  
STREET ADDRESS 1343 MAIN ST.  
CITY-ST-ZIP SARASOTA FL  
TITLE  DELETE  
NAME EVP 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  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME P NEASE, MARIAN P  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME SCHUCK, RONALD R.  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  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 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: \_\_\_\_\_ DATE: 1/27/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #0008735

CFR2E037 (9/96)