


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

**FILED**  
**Mar 13 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N06529 (4)**

1. Corporation Name  
**THE RETIREMENT HOUSING COUNCIL, INC.**



Principal Place of Business <b>215 S MONROE ST                  SUITE 900 SW                  TALLAHASSEE FL 32301                  US</b>	Mailing Address <b>P.O. BOX 12434                  P O BOX 12934                  TALLAHASSEE FL 32317                  US</b>
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3. Date Incorporated or Qualified <b>12/07/1984</b>
4. FEI Number <b>59-2522623</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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 <b>FL</b> 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	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>JOHNSON, R. KELLEY</b>
STREET ADDRESS	<b>18617 US HWY 19 N, #300</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>NEASE, MARIAN P</b>
STREET ADDRESS	<b>5355 TOWN CENTER ROAD, STE 801</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SHUCK, RONALD R</b>
STREET ADDRESS	<b>18167 US HWY 19 N, STE 650</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>NEWBERRY, JERRY</b>
STREET ADDRESS	<b>3435 FOXRUN RD</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SMITH, CRAIG</b>
STREET ADDRESS	<b>1343 MAIN ST.</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>EVP</b> <input type="checkbox"/> DELETE
NAME	<b>HOST, BRUCE J</b>
STREET ADDRESS	<b>2906 TYRON CR</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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 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: \_\_\_\_\_ *Signature Vice President* 850-1681-2439

CR2E037 (10/97)