

DOCUMENT # N06529

1. Entity Name

THE RETIREMENT HOUSING COUNCIL, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90009 035 ****61.25

Principal Place of Business: 335 BEARD ST. SUITE 500 SW TALLAHASSEE FL 32303
Mailing Address: P.O. BOX 12434 P O BOX 12934 TALLAHASSEE FL 32317-2934 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State, Zip, Country fields for both principal and mailing addresses.

4. FEI Number: 59-2522623
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a Delete checkbox. Rows include JOHNSON, R. KELLEY; NEASE, MARIAN P; SHUCK, RONALD R; WAGNER, DENNIS L; SMITH, CRAIG; HOST, BRUCE J.

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and Change/Addition checkboxes. This section is currently empty.

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/11/00
Daytime Phone #: 813-843-4652

CR2E037 (9/99)