

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06529

FILED
Jan 23, 2008
Secretary of State

Entity Name: THE RETIREMENT HOUSING COUNCIL, INC.

Current Principal Place of Business:

816 SOUTH OREGON AVENUE
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

816 SOUTH OREGON AVENUE
TAMPA, FL 33606 US

New Mailing Address:

FEI Number: 59-2522623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ECKHOFF, TARA M MS.
816 SOUTH OREGON AVENUE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JONES, DAVID MR.
Address: 420 BAY AVENUE
City-St-Zip: CLEARWATER, FL 33756

Title: D () Delete
Name: NEASE, MARIAN P MS.
Address: 5355 TOWN CENTER ROAD, STE 801
City-St-Zip: BOCA RATON, FL

Title: D () Delete
Name: SHUCK, RONALD R
Address: 18167 US HWY 19 N, STE 650
City-St-Zip: CLEARWATER, FL

Title: P () Delete
Name: BLIVAS, DONALD
Address: 3435 FOX RUN RD.
City-St-Zip: SARASOTA, FL 34234

Title: D () Delete
Name: GREGSON, TIMOTHY E
Address: PO BOX 7768
City-St-Zip: CLEARWATER, FL 337587768

Title: EVP () Delete
Name: ECKHOFF, TARA M MS.
Address: 816 SOUTH OREGON AVENUE
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TARA ECKHOFF

Electronic Signature of Signing Officer or Director

EVP

01/23/2008

Date