

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 14, 2003 8:00 am**  
**Secretary of State**

01-14-2003 90064 018 \*\*\*\*61.25

**DOCUMENT # N06529**

1. Entity Name

**THE RETIREMENT HOUSING COUNCIL, INC.**



Principal Place of Business

**3605 DONEGAL DRIVE  
STE 100  
TALLAHASSEE FL 32309  
US**

Mailing Address

**P.O. BOX 12434  
P O BOX 12934  
TALLAHASSEE FL 32317  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE	NAME	TITLE	NAME
PP	JOHNSON, R. KELLEY		
	18617 US HWY 19 N, #300		
	CLEARWATER FL		
D	NEASE, MARIAN P		
	5355 TOWN CENTER ROAD, STE 801		
	BOCA RATON FL		
D	SHUCK, RONALD R		
	18167 US HWY 19 N, STE 650		
	CLEARWATER FL		
P	WEYAND, HAROLD		
	1131 N WESTSHORE BLVD STE 312		
	TAMPA FL 33607		
D	GREGSON, STEPHEN		
	PO BOX 7768		
	CLEARWATER FL 33758-7768		
EVP	HOST, BRUCE J		
	3605 DONEGAL DIVE		
	TALLAHASSEE FL 32309-3220		

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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Bruce J. Host EVP 1/10/03 856-893-4050**

CR2E037 (10/02)