

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21440 (5)

1. Corporation Name
THE MANORS OF BRYN MAWR, INC.



Principal Place of Business Mailing Address
2180 W. STATE RD 434 SUITE 5000 LONGWOOD FL 32779

3. Date Incorporated or Qualified **07/01/1987**
3a. Date of Last Report **05/01/1995**
4. FEI Number **59-2880112**
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 P.O. Box 56884b 26 P.O. Box 56884b
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State **Orlando, FL** 28 City & State **Orlando, FL**
24 Zip **FL 32856** 25 Country **USA** 29 Zip **32856-884b** 30 Country **USA**

9. Name and Address of Current Registered Agent
**HART, JAMES W, JR
SENTRY MANAGEMENT, INC.
2180 W STATE ROAD 434 STE 5000
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent
81 Name **Pamela R. Johnson**
82 Street Address (P.O. Box Number is Not Acceptable) **87 W. Michigan Street**
83 **P.O. Box 56884b**
84 City **Orlando** 85 State **FL** 86 Zip Code **32856**

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 *Pamela Johnson*
Signature typed or printed name of registered agent and title if applicable

4/15/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HOSIER, SUZETTE	
STREET ADDRESS	5441 LAKE MARGARET DR F	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KISS, MICHAEL	
STREET ADDRESS	5449 LAKE MARGARET DR. F	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HENDRICKS, BETTY	
STREET ADDRESS	5441 LAKE MARGARET DR, I	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, FLORENCE	
STREET ADDRESS	5461 LAKE MARGARET DR, B	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	STEVENSON, KIM	
STREET ADDRESS	5465 LAKE MARGARET DR C	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FLORENCE DAVIS	
1.3 STREET ADDRESS	5461-B LAKE MARGARET DR.	
1.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32812	
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ED HURN	
2.3 STREET ADDRESS	5489-E LAKE MARGARET DR.	
2.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32812	
3.1 TITLE	TREASURER / DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KIM STEVENSON	
3.3 STREET ADDRESS	5465-C LAKE MARGARET DRIVE	
3.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32812	
4.1 TITLE	MIKE KISS / DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	5449-E LAKE MARGARET DRIVE	
4.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32812	
5.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BETTY HENDRICKS	
5.3 STREET ADDRESS	5441-D LAKE MARGARET DRIVE	
5.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32812	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	000001797260	
6.3 STREET ADDRESS	-04/29/96--01014--046	
6.4 CITY-ST-ZIP	***61.25	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *F Davis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/96
Date
7881719
X7300
Daytime Phone #

CR2E037 (12/95)