

FILE NOW: FILING FEE IS \$61.25

FILED

**May 16 1997 8:00am
Secretary of State**

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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 P.O. BOX 568846 ORLANDO FL 32856-8846 US | Mailing Address P.O. BOX 568846 ORLANDO FL 32856-8846 US |
|--|--|

| | |
|--|--|
| 3. Date incorporated or Qualified 07/01/1987 | 3a. Date of Last Report 04/25/1996 |
| 4. FEI Number 59-2880112 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|--|
| 21. Principal Place of Business Suite, Apt. #, etc. | 22. Mailing Address Suite, Apt. #, etc. |
| 23. City & State | 24. City & State |
| 25. Zip Country | 26. Zip Country |

9. Name and Address of Current Registered Agent

**JOHNSON, PAMELA R
87 W. MICHIGAN STREET
P.O. BOX 568846
ORLANDO FL 32806**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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: *[Signature]* DATE: **4/28/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | DAVIS, FLORENCE | |
| STREET ADDRESS | 5461-B LAKE MARGARET DR. | |
| CITY-ST-ZIP | ORLANDO FL 32812 | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | HURN, ED | |
| STREET ADDRESS | 5429-E LAKE MARGARET DR. | |
| CITY-ST-ZIP | ORLANDO FL 32812 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | STEVENSON, KIM | |
| STREET ADDRESS | 5465-C LAKE MARGARET DRIVE | |
| CITY-ST-ZIP | ORLANDO FL 32812 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KISS, MIKE | |
| STREET ADDRESS | 5449-F LAKE MARGARET DRIVE | |
| CITY-ST-ZIP | ORLANDO FL 32812 | |
| TITLE | ORLA | <input checked="" type="checkbox"/> DELETE |
| NAME | HENDRICKS, BETTY | |
| STREET ADDRESS | 5441-I LAKE MARGARET DRIVE | |
| CITY-ST-ZIP | ORLANDO FL 32812 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------------|--|
| 1.1 TITLE | VP/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Mudridge, Gary | |
| 1.3 STREET ADDRESS | 5421-C Lake Margaret Dr | |
| 1.4 CITY-ST-ZIP | Orlando, FL 32812 | |
| 2.1 TITLE | P/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Hurn, Ed | |
| 2.3 STREET ADDRESS | 5424-E Lake Margaret Dr. | |
| 2.4 CITY-ST-ZIP | Orlando, FL 32812 | |
| 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 | S/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Lambert, Harry | |
| 5.3 STREET ADDRESS | 5473-H Lake Margaret Dr. | |
| 5.4 CITY-ST-ZIP | Orlando, FL 32812 | |
| 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 do 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]* DATE: **4/28/97** DAYTIME PHONE # **407-841-6212**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)