

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 23, 1999 8:00 am
Secretary of State

08-23-1999 90001 016 ****61.25

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999

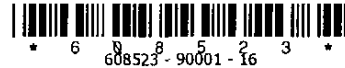


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N21440

1. Corporation Name

THE MANORS OF BRYN MAWR, INC.



* 6 8 8 5 2 3 - 9 0 0 0 1 - 1 6 3 *



Principal Place of Business
 P.O. BOX 568846
 ORLANDO FL 32856-8846
 US

Mailing Address
 P.O. BOX 568846
 ORLANDO FL 32856-8846
 US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
07/01/1987

4. FEI Number
59-2880112

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

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 **TRACY L. Mitchell**
 82 Street Address (P.O. Box Number is Not Acceptable)
709 E. Michigan St
 83
 84 City **Orlando** FL 85 Zip Code **32806**

11. Pursuant to the provisions of Sections 617.0502 and 617.4508, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/28/99
 DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MUDRIDGE, GARY	
STREET ADDRESS	5421 C LAKE MARGARET DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LAMBERT, HARRY	
STREET ADDRESS	5413-H MARGARET DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEVENSON, KIM	
STREET ADDRESS	5465-C LAKE MARGARET DRIVE	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	T	<input type="checkbox"/> DELETE
NAME	OLLER, GAIL	
STREET ADDRESS	5461-H LAKE MARGARET DR	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LAMBERT, HARRY	
STREET ADDRESS	5413-14 LAKE MARGARET DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DONNELLY, JOHN	
STREET ADDRESS	5413-E LAKE MARGARET DR	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CATHERINE CONTINI	
1.3 STREET ADDRESS	5433-H Lake Margaret	
1.4 CITY-ST-ZIP	ORLANDO FL 32812	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED

7/28/99
 Date

407-826-4221
 Daytime Phone #

CR2E037 (5/99)