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	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

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 568846	26 P.O. Box 568846
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Orlando, FL	City & State 28 Orlando, FL
Zip 24 FL 32856 Country 25 USA	Zip 29 32856-8846 Country 30 USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 568846
84 City: Orlando FL 85 Zip Code: 32806

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 R. Johnson 4/15/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PRESIDENT \ DIRECTOR	☒ Change ☐ Addition
NAME	HOSIER, SUZETTE		1.2 NAME	FLORENCE DAVIS	
STREET ADDRESS	5441 LAKE MARGARET DR F		1.3 STREET ADDRESS	5461-B LAKE MARGARET DR.	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32812	
TITLE	VD	☒ DELETE	2.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	KISS, MICHAEL		2.2 NAME	ED HURN	
STREET ADDRESS	5449 LAKE MARGARET DR. F		2.3 STREET ADDRESS	5429-E LAKE MARGARET DR.	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32812	
TITLE	SD	☒ DELETE	3.1 TITLE	TREASURER \ DIRECTOR	☒ Change ☒ Addition
NAME	HENDRICKS, BETTY		3.2 NAME	KIM STEVENSON	
STREET ADDRESS	5441 LAKE MARGARET DR, I		3.3 STREET ADDRESS	5465-C LAKE MARGARET DRIVE	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32812	
TITLE	D	☒ DELETE	4.1 TITLE	MIKE KISS \ DIRECTOR	☒ Change ☒ Addition
NAME	DAVIS, FLORENCE		4.2 NAME	5449-E LAKE MARGARET DRIVE	
STREET ADDRESS	5461 LAKE MARGARET DR, B		4.3 STREET ADDRESS	ORLANDO, FLORIDA 32812	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE	DT	☒ DELETE	5.1 TITLE	SECRETARY	☐ Change ☐ Addition
NAME	STEVENSON, KIM		5.2 NAME	BETTY HENDRICKS	
STREET ADDRESS	5465 LAKE MARGARET DR C		5.3 STREET ADDRESS	5441-I LAKE MARGARET DRIVE	
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32812	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	000001797260	
STREET ADDRESS			6.3 STREET ADDRESS	-04/29/96--01014--046	
CITY-ST-ZIP			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 2/8/96 7881719 x7306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)