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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 07/01/1987	3a. Date of Last Report 04/25/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2880112	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VP/D
NAME	DAVIS, FLORENCE	1.2 NAME	Mudridge, Gary
STREET ADDRESS	5461-B LAKE MARGARET DR.	1.3 STREET ADDRESS	5421-C Lake Margaret Dr
CITY-ST-ZIP	ORLANDO FL 32812	1.4 CITY-ST-ZIP	Orlando, FL 32812
TITLE	VP	2.1 TITLE	P/D
NAME	HURN, ED	2.2 NAME	Hurn, Ed
STREET ADDRESS	5429-E LAKE MARGARET DR.	2.3 STREET ADDRESS	5424-E Lake Margaret Dr.
CITY-ST-ZIP	ORLANDO FL 32812	2.4 CITY-ST-ZIP	Orlando, FL 32812
TITLE	TD	3.1 TITLE	
NAME	STEVENSON, KIM	3.2 NAME	
STREET ADDRESS	5465-C LAKE MARGARET DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32812	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	KISS, MIKE	4.2 NAME	
STREET ADDRESS	5449-F LAKE MARGARET DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32812	4.4 CITY-ST-ZIP	
TITLE	ORLA	5.1 TITLE	S/D
NAME	HENDRICKS, BETTY	5.2 NAME	Lambert, Harry
STREET ADDRESS	5441-I LAKE MARGARET DRIVE	5.3 STREET ADDRESS	5413-H Lake Margaret Dr.
CITY-ST-ZIP	ORLANDO FL 32812	5.4 CITY-ST-ZIP	Orlando, FL 32812
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)