

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011000

Entity Name: MCCURDY SENIOR HOUSING CORPORATION**Current Principal Place of Business:**306 SW 10TH STREET
BELLE GLADE, FL 33430**Current Mailing Address:**306 SW 10TH STREET
BELLE GLADE, FL 33430**FEI Number:** 56-2423539**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GLUCKSMAN, JOSEPH S
306 SW 10TH STREET
BELLE GLADE, FL 33430 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	GLUCKSMAN, JOSEPH
Address	306 SW 10TH STREET
City-State-Zip:	BELLE GLADE FL 33430

Title	DIRECTOR, CHAIRWOMAN
Name	BELL-SPENCE, BARBARA
Address	306 SW 10TH STREET
City-State-Zip:	BELLE GLADE FL 33430

Title	D
Name	NEAL, BRYAN
Address	306 SW 10TH STREET
City-State-Zip:	BELLE GLADE FL 33430

Title	VP
Name	GLUCKSMAN, SAM DR.
Address	306 SW 10TH STREET
City-State-Zip:	BELLE GLADE FL 33430

Title	DT
Name	CHASE, JEAN
Address	306 SW 10TH STREET
City-State-Zip:	BELLE GLADE FL 33430

Title	D
Name	QUINN, MARY
Address	306 SW 10TH STREET
City-State-Zip:	BELLE GLADE FL 33430

Title	DIRECTOR, SECRETARY
Name	DOWDELL, ALBERT
Address	306 SW 10TH STREET
City-State-Zip:	BELLE GLADE FL 33430

Title	DIRECTOR OF DEVELOPMENT, VP
Name	WALESKY, DANIEL
Address	306 SW 10TH STREET
City-State-Zip:	BELLE GLADE FL 33430

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH GLUCKSMAN**PRESIDENT****04/16/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date