

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 27 AM 11:15

DOCUMENT # 700111 (8)

1. Corporation Name

PRESBYTERIAN RETIREMENT COMMUNITIES, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/31/1954
3a. Date of Last Report 04/01/1994
4. FEI Number 59-0931267
Applied For Not Applicable

Principal Place of Business

Mailing Address

50 W LUCERNE CIR
MS #104
ORLANDO FL 32801
US

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MS #104
ORLANDO FL 32801
US

2. Principal Place of Business

2a. Mailing Address

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Certificate Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required

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

21 50 West Lucerne Circle

25 50 West Lucerne Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Orlando, FL

28 Orlando, FL

24 Zip 32801 Country US

29 Zip 32801 Country US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDERSON, RICHARD
1111 SOUTH LAKEMONT AVENUE, MS104
WINTER PK FL 32792

81 Name Keith, Henry T.
82 Street Address (P.O. Box Number is Not Acceptable) 50 West Lucerne Circle
83
84 City Orlando FL 85 Zip Code 32801

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and this is applicable

NOTE: Registered Agent signature required when amending

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME TOWERS, CHARLES D
STREET ADDRESS 1301 GULF LIFE DRIVE
CITY, ST, ZIP JACKSONVILLE FL
TITLE AS
NAME SMAAGE, DONNA M
STREET ADDRESS 50 WEST LUCERNE CIRCLE
CITY, ST, ZIP ORLANDO FL
TITLE SD
NAME BOGNER, JAMES B
STREET ADDRESS 100 E. ROBINSON STREET
CITY, ST, ZIP ORLANDO, FL 00000
TITLE VT
NAME ANDERSON, RICHARD
STREET ADDRESS 151 N PHELPS AVE
CITY, ST, ZIP WINTER PARK FL
TITLE CD
NAME WHITE, JAMES
STREET ADDRESS 2231 IMPERIAL POINT DR
CITY, ST, ZIP FT. LAUDERDALE FL
TITLE EV
NAME EMERSON, JAMES F
STREET ADDRESS 50 WEST LUCERNE CIRCLE
CITY, ST, ZIP ORLANDO FL

11 TITLE PD ☒ Change ☐ Addition
12 NAME White, James E.
13 STREET ADDRESS 2238 Cypress Bend Dr. N., #408
14 CITY, ST, ZIP POMPANO Beach, FL 33069
21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP
41 TITLE ☒ Change ☐ Addition
42 NAME Keith, Henry T.
43 STREET ADDRESS 50 West Lucerne Circle
44 CITY, ST, ZIP Orlando, FL 32801
51 TITLE CD ☒ Change ☐ Addition
52 NAME Gay, William W.
53 STREET ADDRESS 524 Stockton Street
54 CITY, ST, ZIP Jacksonville, FL 32204
61 TITLE ☒ Change ☐ Addition
62 NAME Emerson, James F.
63 STREET ADDRESS 50 West Lucerne Circle
64 CITY, ST, ZIP Orlando, Florida 32801

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)(A), 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Donna M. Smaage
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR
Donna M. Smaage, Assistant Secretary

2/17/95

407/839-5050



PRESBYTERIAN RETIREMENT COMMUNITIES

50 West Lucerne Circle Orlando, Florida 32801 (407) 839-5050 Fax (407) 839-0700

March 21, 1995

Martha White, Annual Reports Section
Florida Department of State
Division of Corporations
P. O. Box 1500
Tallahassee, Florida 32302-1500

Dear Ms. White:

Enclosed is the Annual Report along with a check in the corrected amount of \$70 for the following corporation:

Presbyterian Retirement Communities, Inc. - Reference Number 700111

If you need additional information, please contact me at 407-839-5050.

Sincerely,

Donna M. Smaage
Assistant Corporate Secretary

:crm

enclosure

Accredited Continuing Care Communities:
Westminster Aabury, Bradenton • Westminster Oaks, Tallahassee • Westminster Towers, Orlando • Winter Park Towers, Winter Park
Managed Continuing Care Community: Westminster Shores, St. Petersburg

Managed Residential Communities:
Gateway Terrace, Ft. Lauderdale • Georgia Bell Dickinson, Tallahassee • Rivalda Presbyterian Apartments, Jacksonville
Rivalda Presbyterian House, Jacksonville