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Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **700111** **(8)**

1. Corporation Name

PRESBYTERIAN RETIREMENT COMMUNITIES, INC.

Principal Place of Business	Mailing Address
50 WEST LUCERNE CIRCLE ~~MS #104~~ ORLANDO FL 32801 US	50 WEST LUCERNE CIRCLE ~~MS #104~~ ORLANDO FL 32801-3740 US

3. Date Incorporated or Qualified: 12/31/1954
3a. Date of Last Report: 04/09/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-0931267 ☐ 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**

KEITH, HENRY T.
50 WEST LUCERNE CIRCLE
ORLANDO FL 32801

10. **Name and Address of New Registered Agent**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WHITE, JAMES E.		1.2 NAME	
STREET ADDRESS	2238 CYPRESS BEND DR. N., #408		1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SMAAGE, DONNA M		2.2 NAME	
STREET ADDRESS	50 WEST LUCERNE CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BOGNER, JAMES B.		3.2 NAME	
STREET ADDRESS	100 E. ROBINSON STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KEITH, HENRY T.		4.2 NAME	
STREET ADDRESS	50 WEST LUCERNE CIRCLE		4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	
TITLE	CD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GAY, WILLIAM W.		5.2 NAME	
STREET ADDRESS	524 STOCKTON STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	EMERSON, JAMES F.		6.2 NAME	
STREET ADDRESS	50 WEST LUCERNE CIRCLE		6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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: Donna M. Smaage REQUIRED 4/10/97 407-839-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0015991