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FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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~~ Delete	~~50 WEST LUCERNE CIRCLE~~ ~~MS #104~~
ORLANDO FL 32801	ORLANDO FL 32801
US	US

3. Date Incorporated or Qualified: 12/31/1954

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No N/A

2. Principal Place of Business	2a. Mailing Address
21 80 West Lucerne Circle	26 80 West Lucerne Circle
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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): 80 West Lucerne Circle
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: _____ Henry T. Keith, CFO, Treasurer 4-15-98
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	P	☐ Change ☒ Addition
NAME	WHITE, JAMES E.		1.2 NAME	William W. Gay	
STREET ADDRESS	2238 CYPRESS BEND DR. N., #408		1.3 STREET ADDRESS	524 Stockton Street	
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP	Jacksonville, FL 32204	
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	80 West Lucerne Circle	
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	80 West Lucerne Circle	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE	CD	☒ DELETE	5.1 TITLE	CD	☐ Change ☒ Addition
NAME	GAY, WILLIAM W.		5.2 NAME	J. Shepard Bryan	
STREET ADDRESS	524 STOCKTON STREET		5.3 STREET ADDRESS	1651 Beach Avenue	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	Atlantic Beach, FL 32233	
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	80 West Lucerne Circle	
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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 Donna M. Smaage 4/16/98 407-839-5060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Assistant Corporate Secretary

0015822