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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
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DOCUMENT # 700111 (8)
1. Corporation Name
PRESBYTERIAN RETIREMENT COMMUNITIES, INC.



Principal Place of Business 80 WEST LUCERNE CIRCLE MS #104 ORLANDO FL 32801 US	Mailing Address 80 WEST LUCERNE CIRCLE MS #104 ORLANDO FL 32801 US
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2. Principal Place of Business 21 80 West Lucerne Circle Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 80 West Lucerne Circle Suite, Apt. #, etc. 27 City & State 28 Zip 29
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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		

9. Name and Address of Current Registered Agent
**KEITH, HENRY T.
80 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

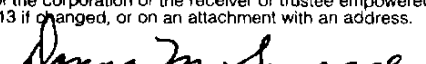
12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, JAMES E. 2238 CYPRESS BEND DR. N., #408 POMPANO BEACH FL	☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SMAAGE, DONNA M 50 WEST LUCERNE CIRCLE ORLANDO FL	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOGNER, JAMES B. 100 E. ROBINSON STREET ORLANDO FL	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KEITH, HENRY T. 80 WEST LUCERNE CIRCLE ORLANDO FL	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GAY, WILLIAM W. 524 STOCKTON STREET JACKSONVILLE FL	☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EMERSON, JAMES F. 50 WEST LUCERNE CIRCLE ORLANDO FL	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P William W. Gay 524 Stockton Street Jacksonville, FL 32204	☐ Change ☒ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	80 West Lucerne Circle	☒ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	80 West Lucerne Circle	☒ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	CD J. Shepard Bryan 1651 Beach Avenue Atlantic Beach, FL 32233	☐ Change ☒ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	80 West Lucerne Circle	☒ Change ☐ Addition

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** **4/16/98** **407-839-5060**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0015822

CR2E037 (10/97)