

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90006 028 \*\*\*\*70.00

**54007973**



<b>DOCUMENT # 700111</b> 1. Entity Name <b>PRESBYTERIAN RETIREMENT COMMUNITIES, INC.</b>					
Principal Place of Business <b>80 WEST LUCERNE CIRCLE ORLANDO, FL 32801-3779 US</b>			Mailing Address <b>80 WEST LUCERNE CIRCLE ORLANDO, FL 32801-3779 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number <b>59-0931267</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KEITH, HENRY T. 80 W LUCERNE CIR ORLANDO, FL 32801</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	D <input type="checkbox"/> Delete				
NAME	GAY, WILLIAM				
STREET ADDRESS	80 WEST LUCERNE CIRCLE				
CITY-ST-ZIP	ORLANDO, FL 32801				
TITLE	<del>PD</del> <input type="checkbox"/> Delete				
NAME	BRYAN, J. SHEPARD JR.				
STREET ADDRESS	80 W LUCERNE CIR				
CITY-ST-ZIP	ORLANDO, FL 32801				
TITLE	<del>S</del> <input type="checkbox"/> Delete				
NAME	STURM, RICHARD V				
STREET ADDRESS	80 WEST LUCERNE CIRCLE				
CITY-ST-ZIP	ORLANDO, FL 32801				
TITLE	T <input type="checkbox"/> Delete				
NAME	KEITH, HENRY T.				
STREET ADDRESS	80 W LUCERNE CIR				
CITY-ST-ZIP	ORLANDO, FL 32801				
TITLE	<del>GD</del> <input type="checkbox"/> Delete				
NAME	BARR, JOHN W				
STREET ADDRESS	80 WEST LUCERNE CIRCLE				
CITY-ST-ZIP	ATLANTIC BEACH, FL 32801				
TITLE	<del>V</del> <input type="checkbox"/> Delete				
NAME	EMERSON, JAMES F.				
STREET ADDRESS	80 W LUCERNE CIR				
CITY-ST-ZIP	ORLANDO, FL 32801				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	EVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>James F. Emerson</u> <b>02-12-2004</b> <b>407-839-5050</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> James F. Emerson					