FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 705038 (8)

1. Corporation Name

BAPTIST RETIREMENT CENTER OF MIAMI INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3520 SW 97TH AVE. MIAMI FL 33165	3520 SW 97TH AVE. MIAMI FL 33165

3. Date Incorporated or Qualified: 01/10/1963
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-1197144 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 7855 S.W. 104 St.	26 7855 S.W. 104 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 210	27 Suite 210
City & State	City & State
23 Miami FL	28 Miami FL
Zip / Country	Zip / Country
24 33156 25 U.S.	29 33156 30 U.S.

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. 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WETHERINGTON, DOYLE L 3520 SW 97TH AVE MIAMI FL 33165	81 Name: Cleeland, David 82 Street Address (P.O. Box Number is Not Acceptable): 7855 S.W. 104 St. 83: Suite 210 84 City: Miami FL 85 Zip Code: 33156

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] David Cleeland, Executive Director 4/26/95
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	11 TITLE		☐ Change ☐ Addition
NAME	EMIT, RAY O	12 NAME		
STREET ADDRESS	5125 SW 149TH PL	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000	14 CITY-ST-ZIP		
TITLE	VPD	21 TITLE		☐ Change ☐ Addition
NAME	HARTH, GEORGE	22 NAME		
STREET ADDRESS	8563 ARDOCH RD	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000	24 CITY-ST-ZIP		
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	COATS, JOSEPH	32 NAME		
STREET ADDRESS	14580 SW 117 AVE	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 0	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	KNIGHT, ROBERT D	42 NAME	John Hall	
STREET ADDRESS	50 NE 119 ST	43 STREET ADDRESS	6510 Lake Como Terr.	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	Miami Lakes FL 33014	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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: [signature] 4/27/95 305/271-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

004A012