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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 JAN 27 PM 3:56

DOCUMENT # 707660 (7)

1. Corporation Name
THE PENNSYLVANIA RETIREMENT RESIDENCE, INC.

Principal Place of Business	Mailing Address
208 EVERNIA ST. WEST PALM BEACH FL 33401	208 EVERNIA ST. WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/31/1964
3a. Date of Last Report: 01/27/1994
4. FEI Number: 59-1055918 ☐ 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. 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

2. Principal Place of Business	2a. Mailing Address
21	26 315 South Flagler Dr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 West Palm Beach, FL
Zip / Country 24 / 25	Zip / Country 29 33401 / 30 USA

9. Name and Address of Current Registered Agent

FIDELIS, SISTER M.
208 EVERNIA STREET
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name: Sister M. Fidelis
82 Street Address (P.O. Box Number is Not Acceptable): 315 South Flagler Drive
83
84 City: West Palm Beach FL 85 Zip Code: 33401

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 _____ 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	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	SIS. M. JOSEPH CATHERINE	1.2 NAME	
STREET ADDRESS	ST. TERESAS MOTHERHOUSE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GERMANTOWN NY	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	CARMEL, ROBERT S	2.2 NAME	
STREET ADDRESS	208 EVERNIA ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	THERESE, MARY S	3.2 NAME	
STREET ADDRESS	208 EVERNIA ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	CD	4.1 TITLE	☐ Change ☐ Addition
NAME	MCMAHON, JOHN MSGR	4.2 NAME	
STREET ADDRESS	370 S.W. 3RD ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	☐ Change ☐ Addition
NAME	DALY, JAMES	5.2 NAME	
STREET ADDRESS	90 BROAD STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW, NY.	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Sister M. Fidelis Ryan 1/20/95 407-655-8544
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0010833