2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2004
Secretary of State

DOCUMENT# 708863

Entity Name: PENNEY RETIREMENT COMMUNITY, INC.

Current Principal Place of Business:

3495 HOFFMAN STREET
PENNEY FARMS, FL 320790555

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 555
PENNEY FARMS, FL 320790555

New Mailing Address:

FEI Number: 59-0624420 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIGEL, ROBERT R
3495 HOFFMAN STREET
PENNEY FARMS, FL 32079

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	QUARITIUS, JACK H	
Address:	2729 EAST HOLLY POINT ROAD	
City-St-Zip:	ORANGE PARK, FL 32073	
Title:	VD	( ) Delete
Name:	HAMMOCK, MICHAEL T	
Address:	7800 BELFORT PKWY STE 165	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	CD	( ) Delete
Name:	PROCTOR, WILLIAM L	
Address:	74 KING STREET	
City-St-Zip:	ST AUGUSTINE, FL 32084	
Title:	D	( ) Delete
Name:	ZELLNER, MARY L	
Address:	4160 LEWIS AVENUE	
City-St-Zip:	PENNEY FARMS, FL 32079	
Title:	SD	( ) Delete
Name:	SMYRES, ROBERT W	
Address:	4445 WILBANKS AVENUE, APT. 404-A	
City-St-Zip:	PENNEY FARMS, FL 32079	
Title:	D	( ) Delete
Name:	BEYER, NORMAN S	
Address:	3503 DWIGHT STREET	
City-St-Zip:	PENNEY FARMS, FL 32079	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W. SMYRES SD 01/05/2004

Electronic Signature of Signing Officer or Director — Date