


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90139 045 \*\*\*\*61.25

<b>DOCUMENT # 708863</b> 1. Entity Name <b>PENNEY RETIREMENT COMMUNITY, INC.</b>					
Principal Place of Business <b>3495 HOFFMAN STREET</b> <b>PENNEY FARMS, FL 32079-0555</b>				Mailing Address <b>P.O. BOX 555</b> <b>PENNEY FARMS, FL 32079-0555</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-0624420</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>RIGEL, ROBERT R</b> <b>3495 HOFFMAN ST.</b> <b>PENNEY FARMS, FL 32079</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>QUARITIUS, JACK H</b>	NAME			
STREET ADDRESS	<b>2199 ASTOR STREET, UNIT 305</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>ORANGE PARK, FL 32073</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BIVINS, BURNEY</b>	NAME			
STREET ADDRESS	<b>1543-18B KINGSLEY AVE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>ORANGE PARK, FL 32073</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>DEPPE, KIMBERLY</b>	NAME	<b>Deppe, Kimberly</b>		
STREET ADDRESS	<b>1820 BARRS STREET, SUITE 710</b>	STREET ADDRESS	<b>1880 Paradise Moorings Boulevard</b>		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32204</b>	CITY-ST-ZIP	<b>Middleburg, FL 32068</b>		
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>FISHER, LAURENA H</b>	NAME			
STREET ADDRESS	<b>4210 WILBANKS AVENUE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>PENNEY FARMS, FL 32079</b>	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>GORDON, KIPP T</b>	NAME	<b>Gordon, T. Kipp</b>		
STREET ADDRESS	<b>3041 MONUMENT ROAD, SUITE 2</b>	STREET ADDRESS	<b>3041 Monument Road, Suite 2</b>		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 322251706</b>	CITY-ST-ZIP	<b>Jacksonville, FL 32225-1706</b>		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BEYER, NORMAN S</b>	NAME			
STREET ADDRESS	<b>3503 DWIGHT STREET</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>PENNEY FARMS, FL 32079</b>	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Robert R. Rigel, President</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		April 30, 2008 (904) 284-8200 Date Daytime Phone #			

C/D

Hammock, Michael T.  
4237 Salisbury Road, Suite 100, Building 1  
Jacksonville, FL 32216

ATTACHMENT

40093380

#708863

FVC/D

Change

Irvine, Frances L.  
2099 Winterbourne East, Unit 206  
Orange Park, FL 32073-5678

SVC/D

Jacoby, Walter, I.  
4395 Studio Road  
Penney Farms, FL 32079-0951

D

Megonegal, E. Russell  
589 Hawkes Island Drive  
Green Cove Springs, FL 32043

D

Myers, John C., III  
1845 Town Center Boulevard, Suite 105  
Orange Park, FL 32003

D

Proctor, William L.  
74 King Street  
St. Augustine, FL 32084

T/D

Change

Chester, James A.  
1878 Osprey Bluff Road  
Orange Park, FL 32003-7937

D

Richey, Melvin D.  
3435 Morton Street, Apt. 301-D  
Penney Farms, FL 32079-0758

D

Smyres, Robert W.  
4445 Wilbanks Avenue, Apt. 404-A  
Penney Farms, FL 32079-0936

D

Zellner, Mary L.  
4160 Lewis Avenue  
Penney Farms, FL 32079-0942

D

Delete

Williams, John H.  
3516 Morton Street  
Penney Farms, FL 32079-1023