

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708863

FILED
Jan 11, 2011
Secretary of State

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 ST.
PENNEY FARMS, FL 32079 US

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: CEO
Name: RIGEL, ROBERT R
Address: 3495 HOFFMAN STREET
City-St-Zip: PENNEY FARMS, FL 320790555

Title: CFO
Name: FISH, WILLIAM D
Address: 3495 HOFFMAN STREET
City-St-Zip: PENNEY FARMS, FL 320790555

Title: S
Name: KEEFE, JUNE L
Address: 3495 HOFFMAN STREET
City-St-Zip: PENNEY FARMS, FL 320790555

Title: D
Name: HAMMOCK, MICHAEL T
Address: 4237 SALISBURY ROAD, SUITE 100, BLDG 1
City-St-Zip: JACKSONVILLE, FL 32216

Title: D
Name: IRVINE, FRANCES L
Address: 2099 WINTERBOURNE EAST, UNIT 206
City-St-Zip: ORANGE PARK, FL 320735678

Title: D
Name: GORDON, THOMAS K
Address: 3041 MONUMENT ROAD, SUITE 2
City-St-Zip: JACKSONVILLE, FL 322251706

I hereby 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 all other like empowered.

SIGNATURE: JUNE L. KEEFE

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01/11/2011

Electronic Signature of Signing Officer or Director

_____ Date