2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State
04-25-2005 90277 021 ****61.25

DOCUMENT # 709490

1. Entity Name
FLORIDA LIVING RETIREMENT CENTER, INC.

20046680

Principal Place of Business	Mailing Address
3425 E. SEMORAN BLVD. APOPKA, FL 32703	3428 EAST SEMORAN BLVD APOPKA, FL 32703

01252005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
600 Edgehill Place	600 Edgehill Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Apopka, Florida	City & State: Apopka, Florida
Zip: 32703 Country: US	Zip: 32703 Country: US

4. FEI Number: 59-1109797 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCMILLAN, FRANK
655 N WYMORE ROAD
SUITE 101
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ **Frank McMillan** 5/24/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CAULEY, MICHAEL F 1225 GOLF POINT LOOP APOPKA, FL 327122174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPST VERRILL, THOMAS L 2306 WALNUT HEIGHTS ROAD APOPKA, FL 327034852	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VALENCIA, EVAN 213 CHESTNUT CREEK DRIVE APOPKA, FL 327034867	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, KIM 2114 TORTOISE SHELL DRIVE MAITLAND, FL 327518647	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MC MILLAN, FRANK 655 NORTH WYMORE ROAD, #101 WINTER PARK, FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D McKeever, Sharon A. 7629 Lake Angelina Drive Mt. Dora, FL 32757-7155	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: Thomas L. Verrill Thomas L. Verrill 03-28-05 (407) 644-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #