2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2006 08:00 AM
Secretary of State

DOCUMENT # 709490

1. Entity Name
FLORIDA LIVING RETIREMENT CENTER, INC.

Principal Place of Business	Mailing Address
600 EDGEHILL PLACE APOPKA, FL 32703	600 EDGEHILL PLACE APOPKA, FL 32703

05172006 No Chg-NP CR2E037 (4/06)

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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

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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, Registered Agent May 22, 2006
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 September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CAULEY, MICHAEL F
STREET ADDRESS	1225 GOLF POINT LOOP
CITY-ST-ZIP	APOPKA, FL 327122174
TITLE	VPST
NAME	VERRILL, THOMAS L
STREET ADDRESS	2306 WALNUT HEIGHTS ROAD
CITY-ST-ZIP	APOPKA, FL 327034852
TITLE	D
NAME	VALENCIA, EVAN
STREET ADDRESS	213 CHESTNUT CREEK DRIVE
CITY-ST-ZIP	APOPKA, FL 327034867
TITLE	D
NAME	JOHNSON, KIM
STREET ADDRESS	2114 TORTOISE SHELL DRIVE
CITY-ST-ZIP	MAITLAND, FL 327518647
TITLE	D
NAME	MC MILLAN, FRANK
STREET ADDRESS	655 NORTH WYMORE ROAD, #101
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	MCKEEVER, SHARON A
STREET ADDRESS	7629 LAKE ANGELINA DRIVE
CITY-ST-ZIP	MOUNT DORA, FL 327577155

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06/02/06-80007-001 70.00

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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.

SIGNATURE: Thomas L Verrill Thomas L. Verrill, Vice President May 22, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #