2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 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 US	600 EDGEHILL PLACE APOPKA, FL 32703 US

02042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

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 _____ DATE:
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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

H08000021459
02/19/08-80025-010 70.00

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	CAULEY, MICHAEL F
STREET ADDRESS	1225 GOLF POINT LOOP
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	TSVD
NAME	VERRILL, THOMAS L
STREET ADDRESS	2306 WALNUT HEIGHTS ROAD
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	VD
NAME	CARTER, GLENN E
STREET ADDRESS	2458 CAROL WOODS WAY
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	D
NAME	LEGRAND, JOSE A
STREET ADDRESS	557 APOLLO AVENUE
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	D
NAME	MC MILLAN, FRANK
STREET ADDRESS	655 NORTH WYMORE ROAD, #101
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	PLEASANTS, NANCY
STREET ADDRESS	2536 WYNDAM BAY PLACE
CITY-ST-ZIP	APOPKA, FL 32703

DO NOT WRITE IN THIS SPACE

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: José A. LeGrand 2/6/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #