

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709490

FILED
Apr 17, 2009
Secretary of State

Entity Name: FLORIDA LIVING RETIREMENT CENTER, INC.

Current Principal Place of Business:

600 EDGEHILL PLACE
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

600 EDGEHILL PLACE
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 59-1109797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMILLAN, FRANK
655 N WYMORE ROAD
SUITE 101
WINTER PARK, FL 32789 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: PD () Delete
Name: CAULEY, MICHAEL F
Address: 1225 GOLF POINT LOOP
City-St-Zip: APOPKA, FL 32712 US

Title: TSVD () Delete
Name: VERRILL, THOMAS L
Address: 2306 WALNUT HEIGHTS ROAD
City-St-Zip: APOPKA, FL 32703 US

Title: VD (X) Delete
Name: CARTER, GLENN E
Address: 2458 CAROL WOODS WAY
City-St-Zip: APOPKA, FL 32712 US

Title: D () Delete
Name: LEGRAND, JOSE A
Address: 557 APOLLO AVENUE
City-St-Zip: DELTONA, FL 32725 US

Title: D () Delete
Name: MC MILLAN, FRANK
Address: 655 NORTH WYMORE ROAD, #101
City-St-Zip: WINTER PARK, FL 32789 US

Title: D () Delete
Name: PLEASANTS, NANCY
Address: 2536 WYNDAM BAY PLACE
City-St-Zip: APOPKA, FL 32703 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TSVD (X) Change () Addition
Name: ROLLINS, DUANE C
Address: 701 WHITE IVEY COURT
City-St-Zip: APOPKA, FL 32712 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FRANK MCMILLAN

D

04/17/2009

Electronic Signature of Signing Officer or Director

Date