

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710539 (8)

1. Corporation Name

ST. CLOUD RETIREMENT HOME, INC.



Principal Place of Business

**4305 NEPTUNE RD.
C/O FRED H. CUMBIE, II
ST. CLOUD FL 34769-6746**

Mailing Address

**4305 NEPTUNE RD.
C/O FRED H. CUMBIE, II
ST. CLOUD FL 34769-6746**

3. Date Incorporated or Qualified
03/17/1966

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
23-7102936

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CUMBIE, FRED H. II
4305 NEPTUNE RD.
ST. CLOUD FL 32769**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD JACKS, MARIAN**
STREET ADDRESS **717 INDIANA AVE.**
CITY-ST-ZIP **ST. CLOUD FL**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **S PIRIE, CAROLINE**
STREET ADDRESS **4370 MILDRED BASS ROAD**
CITY-ST-ZIP **ST. CLOUD FL**

21 TITLE ☒ Change ☒ Addition
22 NAME **SD Reginald Jacks**
23 STREET ADDRESS **Reginald Jacks**
24 CITY-ST-ZIP **717 Indiana Avenue**

TITLE ☒ DELETE
NAME **TD HOEKMAN, EVELYN**
STREET ADDRESS **RT 3**
CITY-ST-ZIP **ST. CLOUD FL**

31 TITLE ☒ Change ☒ Addition
32 NAME **TD**
33 STREET ADDRESS **Lenora Lothian**
34 CITY-ST-ZIP **1356 Wood Lake Circle**

TITLE ☒ DELETE
NAME **ATO CUMBIE, FRED H II**
STREET ADDRESS **4305 NEPTUNE RD**
CITY-ST-ZIP **ST CLOUD FL**

41 TITLE ☒ Change ☒ Addition
42 NAME **WMD**
43 STREET ADDRESS **Joe Rodrigue**
44 CITY-ST-ZIP **1421 Emerald Drive, Kissimmee FL 34744**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☒ Addition
52 NAME **D**
53 STREET ADDRESS **John P. Quinones**
54 CITY-ST-ZIP **419 Broadway**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☒ Addition
62 NAME **D**
63 STREET ADDRESS **Betty Collard**
64 CITY-ST-ZIP **2814 Shannon Oak Court**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Marian Jacks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96
Date

407-892-7284
Daytime Phone #

CR2E037 (12/95)