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Apr 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 710539 (8)

1. Corporation Name

ST. CLOUD RETIREMENT HOME, INC.



Principal Place of Business

Mailing Address

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

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
03/22/1996

2. Principal Place of Business

2a. Mailing Address

21 ST. Cloud Retirement Home

26 St. Cloud Retirement Home

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1601 Kissimmee Pk. Rd.

27 P.O. Box 700246

City & State

City & State

23 ST. Cloud Florida

28 ST. Cloud FL.

Zip

Country

Zip

Country

24 Osceola

29 34770

4. FEI Number

23-7102836

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

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

10. Name and Address of New Registered Agent

81 Name

John P. Quinones, II

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

3. S. Bermuda Ave.

83

Suite 11

84 City

Kissimmee

FL

85 Zip Code

34741

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 reinstating)

3-26-97

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JACKS, MARIAN	
STREET ADDRESS	717 INDIANA AVE.	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JACKS, REGINALD	
STREET ADDRESS	717 INDIANA AVENUE	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LOTHIAN, LENORA	
STREET ADDRESS	1358 WOOD LAKE CIRCLE	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RODRIGUE, JOE	
STREET ADDRESS	1421 EMERALD DRIVE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	QUINONES, JOHN P	
STREET ADDRESS	419 BROADWAY	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COLLARD, BETTY	
STREET ADDRESS	2814 SHANNON OAK COURT	
CITY-ST-ZIP	ST CLOUD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Marge Perry	
1.3 STREET ADDRESS	2123 Barbours way	
1.4 CITY-ST-ZIP	Kissimmee, Florida	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RAY Tanner	
2.3 STREET ADDRESS	1145 Monroe Ave.	
2.4 CITY-ST-ZIP	ST. Cloud, Florida	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Catherine Code	
3.3 STREET ADDRESS	5620-48 Lakelizzie Drive	
3.4 CITY-ST-ZIP	ST. Cloud, FL 34771	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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: *[Signature]*

3-26-97

CR2E037 (9/96)