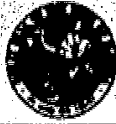


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY -1 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 711304 (6)

1. Corporation Name

WINTER PARK RETIREMENT CENTER INC.

Principal Place of Business

Mailing Address

% THE PLYMOUTH
1550 GAY DRIVE
WINTER PARK FL 32789

% THE PLYMOUTH
1550 GAY DRIVE
WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/05/1966	3a. Date of Last Report 04/04/1994
4. FEI Number 59-1258858	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suits, Apt. #, etc. 22	Suits, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CRICHTON, ARTHUR C.
2781 WILL-O-TH-GREEN
WINTER PARK FL 32792**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEPDARIAN SARKIS	1.2 NAME	Mr. William H. Coleman
STREET ADDRESS	2807 VERDE LANE	1.3 STREET ADDRESS	102 Water Oak Lane
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	VD	2.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVES, C. W., JR.	2.2 NAME	Mr. C. W. Graves, Jr.
STREET ADDRESS	1620 MAYFLOWER CT B509	2.3 STREET ADDRESS	1620 Mayflower Ct B509
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	Winter Park, FL 32792
TITLE	SD	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHESON, MALCOLM, DR.	3.2 NAME	Mrs. Louis C. Candedo
STREET ADDRESS	10 BARNARD CT	3.3 STREET ADDRESS	1620 Mayflower Ct A604
CITY-ST-ZIP	MAITLAND FL	3.4 CITY-ST-ZIP	Winter Park, FL 32792
TITLE	TD	4.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDWIN, MOZELLE	4.2 NAME	Mozelle Baldwin
STREET ADDRESS	1358 RICHMOND RD.	4.3 STREET ADDRESS	1358 Richmond Rd.
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	D	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIMBLE, REV. JAMES	5.2 NAME	Mr. Edward Harrison
STREET ADDRESS	808 VILLAGE LANE	5.3 STREET ADDRESS	1814 Yorkshire Dr.
CITY-ST-ZIP	WINTER PARK FL	5.4 CITY-ST-ZIP	winter Park, FL 32792
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOUESY, MR. CHARLES	6.2 NAME	
STREET ADDRESS	1550 CHESTNUT AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	6.4 CITY-ST-ZIP	

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 119.07(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:

Mozelle Baldwin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95
Date

644-4551
Office Phone #