

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90271 046 \*\*\*\*61.25

**DOCUMENT # 711304**

1. Entity Name

WINTER PARK RETIREMENT CENTER INC.



Principal Place of Business

% THE PLYMOUTH  
1550 GAY DRIVE  
WINTER PARK FL 32789

Mailing Address

% THE PLYMOUTH  
1550 GAY DRIVE  
WINTER PARK FL 32789

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1258858

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CRICHTON, ARTHUR C.  
2761 WILL-O-TH-GREEN  
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	COLEMAN, WILLIAM H	
STREET ADDRESS	102 WATER OAK LANE	
CITY-ST-ZIP	ALTAMONT SPRINGS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PAUL, RALPH	
STREET ADDRESS	1851 GERONMIO TR	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARGERY, KENNEDY	
STREET ADDRESS	900 S LAKE CYBELLA DR	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BALDWIN, MOZELLE	
STREET ADDRESS	1358 RICHMOND RD	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROTENBERGER, DAVID	
STREET ADDRESS	2304 CHINOOK TRAIL	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	BATTEN, JAMES SR	
STREET ADDRESS	115 HOLLIE CT	
CITY-ST-ZIP	MAITLAND FL 32751	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REV. BRYAN FULWIDER	
STREET ADDRESS	225 S. INTERLACHEN AVE	
CITY-ST-ZIP	WINTER PARK, FL. 32789	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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:** *Arthur C. Crichton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-04 407-644-4531  
Date Daytime Phone #