

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # 711918

1. Corporation Name

THE FLORIDA LUTHERAN RETIREMENT CENTER, INC.

Principal Place of Business 450 N. MCDONALD AVE.

2. Principal Place of Business

Suite, Apt. #, etc.

DELAND FL 32724

Mailing Address

450 N. MCDONALD AVE. DELAND FL 32724

2a. Mailing Address

Suite, Apt. #, etc.

## FILED Mar 01, 1999 8:00 am § Secretary of State

03-01-1999 90202 027 \*\*\*\*61.25

3. Date Incorporated or Qualifed

12/07/1966 4. FEI Number

59-1157053

City & State    Zip	22		27							- тррпоска	
Zip   Country   Zip   Country   S. Election Campaign Financing   \$5.00 May be   Zip   Zi	City & State	•	<b>⊢</b>	¬ ·			5. Certificate of Status Desired	_ ·			
Section   Sect		Country	+ <del></del>		Country		6. Election Campaign Financin	9 —	\$5.00 N	May Be	
9. Name and Address of Current Registered Agent    State   Street Address   Street Address	¬ '		<b>⊢</b>	30	a i			· П	•		
Street Address (P.O. Box Number is Not Acceptable)											
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Bas					82	Street A	Address (P.O. Box Number is Not Acce	ptable)			
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 agent. Or both, in the State of profide. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with. and any out profit policy 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 any out profit policy florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar board of directors. I hereby accept the appointment as registered agent. I am familiar board of directors. I hereby accept the appointment as registered agent. I am familiar board of directors. I hereby accept the appointment as registered. Administration.    12.					83						
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11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Flonds Statutes, the above-named corporation submits this statement for the purpose of changing its register 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, or horizontal marines with a problemation of the provision of the provision of the purpose of changing its register of agent, and marines of agent, and the purpose of changing its register of agent, or horizontal provision of the purpose of changing its register of agent, and the purpose of change its register of agent, and the purpose of agent, and t					84	City		Fi	85 Zip C	ode	
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KISSIMMEE EL 24746	STREET ADDRESS	3401 CAFE CT			6.3 STREET	ADDRESS					
CHY-SI-ZIP   INCOMMENTED I L CONTO	CITY-ST-ZIP	KISSIMMEE FL 34746			6.4 CITY-S	1-ZiP					

14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-49

(407)870-9574

Daytime Phone #

Applied For

Not Applicable