

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715889

FILED
Apr 17, 2009
Secretary of State

Entity Name: FLORIDA LIVING NURSING CENTER, INC.

Current Principal Place of Business:

655 N WYMORE RD
WINTER PARK, FL 327891715 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 2626
WINTER PARK, FL 327902626 US

New Mailing Address:

FEI Number: 59-1274507 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMILLAN, FRANK
655 N WYMORE RD, STE 101
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAULEY, MICHAEL F
Address: 1225 GOLF POINT LOOP
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: MCMILLAN, FRANK
Address: 655 N WYMORE RD, STE 101
City-St-Zip: WINTER PARK, FL 32789

Title: TSVD () Delete
Name: VERRILL, THOMAS L
Address: 2306 WALNUT HEIGHTS ROAD
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: LEGRAND, JOSE A
Address: 557 APOLLO AVE
City-St-Zip: DELTONA, FL 32725

Title: D () Delete
Name: NORTHCUTT, LOIS
Address: 615 CROSBY DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: VD (X) Delete
Name: CARTER, GLENN E
Address: 2458 CAROL WOODS WAY
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TSVD (X) Change () Addition
Name: ROLLINS, DUANE C
Address: 701 WHITE IVEY COURT
City-St-Zip: APOPKA, FL 32712 33

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK MCMILLAN

D

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date