

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715901

FILED
Feb 22, 2007
Secretary of State

Entity Name: SHOW FOLKS RETIREMENT VILLAGE, INC.

Current Principal Place of Business:

6915 RIVERVIEW DR.
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

PO BOX 188
GIBSONTON, FL 33534 US

New Mailing Address:

FEI Number: 23-7258087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCEWEN, DAVID B
560 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33701 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: RIMES, TERESA
Address: 6915 RIVERVIEW DR
City-St-Zip: RIVERVIEW, FL 33569

Title: SD () Delete
Name: GAGNE, ROLAND
Address: 6915 RIVERVIEW DR
City-St-Zip: RIVERVIEW, FL 33569

Title: TD () Delete
Name: DUVALL, PHYLLIS
Address: 6915 RIVERVIEW DR
City-St-Zip: RIVERVIEW, FL 33569

Title: VD () Delete
Name: SKRIVANIE, HELEN
Address: 1511 RIVER DRIVE
City-St-Zip: RUSKIN, FL 33570

Title: D () Delete
Name: SIKES, CAROL J
Address: 6111 PALM AVE.
City-St-Zip: GIBSONTON, FL 33534

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: CAROL J. SIKES

D

02/22/2007

Electronic Signature of Signing Officer or Director

Date