

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 720802 (8)

1. Corporation Name

MATEH DEI CATHOLIC NURSING HOME, INC.

Principal Place of Business

Mailing Address

D/B/A/ FLORIDA MANOR
830 W 29TH STREET
ORLANDO FL 32805

D/B/A/ FLORIDA MANOR
830 W 29TH STREET
ORLANDO FL 32805

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/26/1971	3a. Date of Last Report 02/07/1994
4. FEI Number 59-1348972	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

H. BROWN GILLESPIE
830 WEST 29TH STREET
ORLANDO FL 32805

10. Name and Address of New Registered Agent

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

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 constituting

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	NORBERT, DORSEY, C.P.	1.2 NAME	
STREET ADDRESS	421 E. ROBINSON	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	LORD, JOHN	2.2 NAME	
STREET ADDRESS	111 N. ORANGE AVE SUITE 600	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	WALSH, FR. RICHARD	3.2 NAME	
STREET ADDRESS	526 PARK AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	W. PARK FL 32790	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	PLEUS, ROBERT	4.2 NAME	
STREET ADDRESS	940 HIGHLAND AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	NEUMANN, REV. WILLIAM	5.2 NAME	
STREET ADDRESS	17301 HWY 40 EAST	5.3 STREET ADDRESS	
CITY - ST - ZIP	SILVER SPRINGS FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MURRAY, LOUIS, M.D.	6.2 NAME	
STREET ADDRESS	800 SOUTH DELANEY ST	6.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO 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)(b), 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:

H. Bowen Gillespie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 (407) 843-3230
Date Displayed Number