

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90022 048 \*\*\*\*70.00

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07042006 Chg-NP CR2E037 (4/06)

<b>DOCUMENT # 725994</b> 1. Entity Name <b>MAYFLOWER RETIREMENT CENTER, INC.</b>					
Principal Place of Business <b>1620 MAYFLOWER CT. WINTER PARK, FL 32792</b>			Mailing Address <b>1620 MAYFLOWER CT. WINTER PARK, FL 32792</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-2617174</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>MCGUFFIN, DAVID 1620 MAYFLOWER CT. WINTER PARK, FL 32792</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY ST ZIP	CEOP MCGUFFIN, DAVID 895 WILLOW RUN LANE WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY ST ZIP	TD BALDWIN, RICHARD 500 OSCEOLA AVE #309 WINTER PARK, FL 32789 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY ST ZIP	S BOYETT, DONNA 2647 FALMOUTH ROAD MAITLAND, FL 32751 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY ST ZIP	C BREWER, GARY 1250 S. DENNING DRIVE #112 WINTER PARK, FL 32789 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY ST ZIP	<del>VED</del> SANDQUIST, DIANE 1390 AUGUSTA NATIONAL BLVD. WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY ST ZIP	Chair IVCD Willard Wisler 665 Balmoral Rd Winter Park, FL 32789 <input checked="" type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 one like empowered.					
<b>SIGNATURE:</b> <i>Cheryl [Signature]</i> <b>CFO</b> <span style="float: right;">7/5/06 4076721620</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #</small>					