

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725994

FILED
Apr 07, 2009
Secretary of State

Entity Name: MAYFLOWER RETIREMENT CENTER, INC.

Current Principal Place of Business:

1620 MAYFLOWER CT.
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

1620 MAYFLOWER CT.
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 59-2617174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCGUFFIN, DAVID
1620 MAYFLOWER CT.
WINTER PARK, FL 32792 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: CEOP () Delete
Name: MCGUFFIN, DAVID
Address: 895 WILLOW RUN LANE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: TD () Delete
Name: WALDEN, ROYCE
Address: 3470 DOMI FITZ CT
City-St-Zip: ORLANDO, FL 32805

Title: S () Delete
Name: BOYETT, DONNA
Address: 2647 FALMOUTH ROAD
City-St-Zip: MAITLAND, FL 32751

Title: 1VCD () Delete
Name: FULWIDER, BRYAN
Address: 670-102 POST OAK CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: C () Delete
Name: WISLER, WILLARD
Address: 665 BALMORAL RD
City-St-Zip: WINTER PARK, FL 32789

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: C (X) Change () Addition
Name: FULWIDER, BRYAN
Address: 670-102 POST OAK CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: 1VCD (X) Change () Addition
Name: ROBERTS, ROBIN
Address: 300 S. INTERLACHEN AVE, #102
City-St-Zip: WINTER PARK, FL 32789

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: CHERYL LANE

CFO

04/07/2009

Electronic Signature of Signing Officer or Director

Date