

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725994

FILED
Apr 19, 2010
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
Name: MCGUFFIN, DAVID
Address: 895 WILLOW RUN LANE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: TD
Name: CULPEPPER, BLAIR
Address: 440 SEYMOUR AVE
City-St-Zip: WINTER PARK, FL 32789

Title: S
Name: BOYETT, DONNA
Address: 1565 WILD FOX DR
City-St-Zip: CASSELBERRY, FL 32707

Title: C
Name: ROBERTS, ROBIN
Address: 300 S INTERLACHEN AVE
City-St-Zip: WINTER PARK, FL 32789

Title: 1VCD
Name: SANDQUIST, DIANE
Address: 1390 AUGUSTA BLVD
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby 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 all other like empowered.

SIGNATURE: CHERYL J. LANE

CFO

04/19/2010

Electronic Signature of Signing Officer or Director

Date