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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # 731397 (6)

1. Corporation Name

PRESBYTERIAN RETIREMENT COMMUNITIES FOUNDATION, INC.

Principal Place of Business	Mailing Address
50 W. LUCERNE CIR. ORLANDO FL 32801	50 W. LUCERNE CIR. ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1974
3a. Date of Last Report: 04/01/1994
4. FEI Number: 23-7414048 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ANDERSON, RICHARD B
1111 S LAKEMONT AVE, MS 104
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name: Keith, Henry T.
82 Street Address (P.O. Box Number is Not Acceptable): 50 West Lucerne Circle
83
84 City: Orlando FL 85 Zip Code: 32801

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 _____ 2/17/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	TOWERS, CHARLES D JR	1.2 NAME	White, James E.
STREET ADDRESS	1301 GULF LIFE DR., SUITE 1500	1.3 STREET ADDRESS	2238 Cypress Bend Dr. N, #408
CITY-ST-ZIP	JACKSONVILLE FL 32207	1.4 CITY-ST-ZIP	Pompano Beach, FL 33069
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	EMERSON, JAMES F	2.2 NAME	
STREET ADDRESS	50 W. LUCERNE CIR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	2.4 CITY-ST-ZIP	
TITLE	VT	3.1 TITLE	T ☒ Change ☐ Addition
NAME	ANDERSON, RICHARD B.	3.2 NAME	Keith, Henry T.
STREET ADDRESS	1111 S. LAKEMAONT AVE.	3.3 STREET ADDRESS	50 West Lucerne Circle
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	Orlando, Florida 32801
TITLE	S	4.1 TITLE	SD ☒ Change ☐ Addition
NAME	BOGNER, JAMES B	4.2 NAME	Bogner, James B.
STREET ADDRESS	100 E. ROBINSON ST.	4.3 STREET ADDRESS	100 E. Robinson Street
CITY-ST-ZIP	ORLANDO, FL 00000	4.4 CITY-ST-ZIP	Orlando, FL 32802
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	BARR, JOHN W	5.2 NAME	Gay, William W.
STREET ADDRESS	50 W LUCERNE CIR	5.3 STREET ADDRESS	524 Stockton Street
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Jacksonville, FL 32204
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	SHANNON, EUGENIA R	6.2 NAME	
STREET ADDRESS	50 W LUCERNE CIR	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)(i), 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: Donna M. Smaage 2/17/95 407/839-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Donna M. Smaage, Assistant Secretary

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