FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name

731397

(6)

PRESBYTERIAN RETIREMENT COMMUNITIES FOUNDATION, INC.

Principal Place of Business 50 W. LUCERNE CIR. ORLANDO FL 32901

Suite, Apt. #, etc.

SIGNATURE:

2. Principal Place of Business

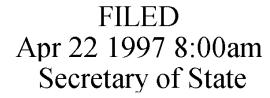
Mailing Address

50 W. LUCERNE CIR. ORLANDO FL 32801-3740

2a. Mailing Address

Suite, Apt. #, etc.

26





Applied For

Not Applicable

Suite, Apt.	#, etc.	27 Sui	Suite, Apt. #, etc.				5. Ce	rtificate of Status Desired	×	\$8.75 / Fee Re		
City & Stat	9	Cit	City & State				6. Ele	ction Campaign Financing		\$5.00	May Be	
23		28				Tru	st Fund Contribution	_ 🗆	Added 1			
Zip	Country	Zip		Count			8. This corporation has liability for intangible tax under s. 199.032,					
24						Florida Statutes Yes X No						
Name and Address of Current Registered Agent							10. Na	me and Address of New F	egistered	Agent		
				1	61	Name						
KEITH, HENRY T.					82	Street Ad	idress (P.O.	Box Number is Not Accept	able)		···	
50 WEST LUCERNE CIR												
ORLANDO FL 32801					83							
					84 City 85 Zip Code							
					\Box	,			FL			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of florida. Such change was authorized by the corporation's board of directors. I bereby accept the appointment as 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 617.0503, Florida Statutes.												
SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered									DATE			
12.	OFFICERS AN	D DIRECTO		13.			ADD	ITIONS/CHANGES TO OFF	ICERS AN			
TITLE	PD DELETE				1.1 TITLE					Change	Addition Addition	
NAME						}						
	DOMPANO PRACTICI					address						
CITY-ST-ZIP	POMPANO BEACH FL			1.4 CIT	_	-ZiP						
TITLE	V DELETE		•	2.1 TITLE					Change	Addition		
NAME	EMERSON, JAMES F			4 1	2.2 NAME							
STREET ADDRESS				2.3 \$11	B STREET ADDRESS							
CITY-ST-ZIP				2.4 CI		r-ZIP					-	
TITLE	· —			3.1 %17					Change	Addition		
NAME	KEITH, HENRY T.			3 2 NA		}						
STREET ADDRESS				3.3 ST	3.3 STREET ADDRESS							
City-St-Zip				3,4. Ci		-ZIP						
TITLE	-			4.1 TITLE					Change	Addition		
NAME	BOGNER, JAMES B			4.2 NA	AME						1	
STREET ADDRESS	100 E. ROBINSON ST.			4.3 ST	REET	address						
CITY - ST - ZIP	ORLANDO, FL 00000			4.4 CIT		- ZIP						
TITLE	0		DELETE	5.1 TIT						Change	Addition	
NAME	GAY, WILLIAM W.			5.2 NA		1						
STREET ADDRESS				5.3 ST	REET	ADDRESS						
CITY-SI-ZIP	JACKSONVILLE FL		DE1-25	5.4 CIT		- ZIP						
TITLE			DELETE	6.1 TIT		Δ.	AS			Change	Addition	
NAME				6.2 NA		S	Smaage	, Donna M.				
STREET ADDRESS	S 6:			6.3 STI	REET A			t Lucerne Ci o, Florida 3	rcle			
CITY-ST-ZIP		1 11 46 70		6.4 CIT								
informatio	14. I do hereby certify that the information supplied with this filling 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											