

FILE NOW: FILING FEE IS \$61.25

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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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**



2. Principal Place of Business	2a. Mailing Address
21 80 West Lucerne Circle	26 80 West Lucerne Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
25	30

3. Date Incorporated or Qualified

12/17/1974

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. Is this nonprofit corporation a homeowners association?



8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



N/A

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KEITH, HENRY T.
50 WEST LUCERNE CIR
ORLANDO FL 32801**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

80 West Lucerne Circle

83

84 City

FL

85 Zip Code

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 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.

Henry T. Keith, CFO, Treasurer

4-15-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	WHITE, JAMES E.
STREET ADDRESS	2238 CYPRESS BEND DR N #408
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	V <input type="checkbox"/> DELETE
NAME	EMERSON, JAMES F
STREET ADDRESS	50 W. LUCERNE CIR.
CITY-ST-ZIP	ORLANDO FL 32801
TITLE	T <input type="checkbox"/> DELETE
NAME	KEITH, HENRY T.
STREET ADDRESS	50 WEST LUCERNE CIR
CITY-ST-ZIP	ORLANDO FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	BOGNER, JAMES B
STREET ADDRESS	100 E. ROBINSON ST.
CITY-ST-ZIP	ORLANDO, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	GAY, WILLIAM W.
STREET ADDRESS	524 STOCKTON ST
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	AS <input type="checkbox"/> DELETE
NAME	SMAAGE, DONNA M.
STREET ADDRESS	50 WEST LUCERNE CIRCLE
CITY-ST-ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	J. Shepard Bryan
1.3 STREET ADDRESS	1651 Beach Avenue
1.4 CITY-ST-ZIP	Atlantic Beach, FL 32233
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	80 West Lucerne Circle
2.3 STREET ADDRESS	80 West Lucerne Circle
2.4 CITY-ST-ZIP	80 West Lucerne Circle
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	80 West Lucerne Circle
3.3 STREET ADDRESS	80 West Lucerne Circle
3.4 CITY-ST-ZIP	80 West Lucerne Circle
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	80 West Lucerne Circle
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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** Donna M. Smaage

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/98

407-899-5050

Daytime Phone # **0015817**

CR2E037 (10/97)