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**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90087 019 \*\*\*\*70.00

0016306

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 731397**

1. Corporation Name

**PRESBYTERIAN RETIREMENT COMMUNITIES FOUNDATION, INC.**

Principal Place of Business

**80 WEST LUCERNE CIRCLE  
 ORLANDO FL 32801-3779**

Mailing Address

**80 WEST LUCERNE CIRCLE  
 ORLANDO FL 32801-3779**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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



**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

**KEITH, HENRY T.  
 80 W LUCERNE CIR  
 ORLANDO FL 32801**

81 Name

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

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
 NAME **D BRYAN, J SHEPARD**  
 STREET ADDRESS **1651 BEACH AVE**  
 CITY-ST-ZIP **ATLANTIC BEACH FL 32293**

TITLE  DELETE  
 NAME **V EMERSON, JAMES F**  
 STREET ADDRESS **80 W LUCERNE CIR**  
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE  DELETE  
 NAME **T KEITH, HENRY T.**  
 STREET ADDRESS **80 W LUCERNE CIR**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE  DELETE  
 NAME **SD BOGNER, JAMES B**  
 STREET ADDRESS **100 E. ROBINSON ST.**  
 CITY-ST-ZIP **ORLANDO, FL 00000**

TITLE  DELETE  
 NAME **PD GAY, WILLIAM W.**  
 STREET ADDRESS **524 STOCKTON ST**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE  DELETE  
 NAME **AS SMAAGE, DONNA M.**  
 STREET ADDRESS **80 W LUCERNE CIR**  
 CITY-ST-ZIP **ORLANDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS **80 West Lucerne Circle**  
 1.4 CITY-ST-ZIP **Orlando, FL 32801**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP **32801**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS **80 West Lucerne Circle**  
 4.4 CITY-ST-ZIP **Orlando, FL 32801**

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS **80 West Lucerne Circle**  
 5.4 CITY-ST-ZIP **Orlando, FL 32801**

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP **32801**

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, with all other like empowered.

SIGNATURE:

*Signature Required*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/19/99**  
 Date

**407-839-5050**  
 Daytime Phone #

CR2E037 (1/98)