

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 743214 (9)

1. Corporation Name

SLIDELL SENIOR CITIZENS RESIDENCE, INC.



Principal Place of Business

Mailing Address

2201 W. CARPENTER ROAD  
FLINT MI 48227

RVA PROPERTIES, INC.  
2990 W. GRAND BLVD. #202  
DETROIT MI 48202

3. Date Incorporated or Qualified  
06/12/1978

3a. Date of Last Report  
08/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

19320 Greenfield Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

#110

City & State

City & State

23

28

Detroit, MI 48235-2065

Zip

Country

Zip

Country

24

25

29

30

U.S.A.

4. FEI Number

59-1896138

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME THREETS, SAMUEL REV.  
STREET ADDRESS 825 MENOMINEE STREET  
CITY-ST-ZIP PONTIAC MI 48341 ☐ DELETE

1.1 TITLE  
1.2 NAME Rev. Ulysses McCowin ☐ Change ☒ Addition  
1.3 STREET ADDRESS 23581 Lee Baker Dr.  
1.4 CITY-ST-ZIP Southfield, MI 48075

TITLE S  
NAME THREETS, RUTHIE MRS.  
STREET ADDRESS 2535 PATRICK HENRY  
CITY-ST-ZIP AUBURN HILLS MI 48326 ☐ DELETE

2.1 TITLE  
2.2 NAME Tateesa D. Anderson ☐ Change ☒ Addition  
2.3 STREET ADDRESS 29801 Chelmsford Rd.  
2.4 CITY-ST-ZIP Southfield, MI 48076

TITLE T  
NAME THREETS, EDGAR REV.  
STREET ADDRESS 2535 PATRICK HENRY  
CITY-ST-ZIP AUBURN HILLS MI 48226 ☐ DELETE

3.1 TITLE  
3.2 NAME Denice Carter ☐ Change ☒ Addition  
3.3 STREET ADDRESS 510 Fourth St.  
3.4 CITY-ST-ZIP Pontiac, MI

TITLE D  
NAME MILLER GAD  
STREET ADDRESS 17190 GREENLAWN  
CITY-ST-ZIP DETROIT MI 48221 ☒ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME NETTLES, WM REV  
STREET ADDRESS 352 VAN WAGONER ST  
CITY-ST-ZIP FLINT MI 48505 ☒ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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)(k), 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:

*Samuel P. Threets*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/96  
Date

189-8400  
Daytime Phone #

CR2E037 (3/96)