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Jul 18 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

**19320 GREENFIELD ROAD
SUITE 110
DETROIT MI 48235-8085
US**

**RVA PROPERTIES, INC.
2990 W. GRAND BLVD. #202
DETROIT MI 48202-3041**



3. Date Incorporated or Qualified
06/12/1978

3a. Date of Last Report
07/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **19320 GREENFIELD ROAD**

22 City & State

27 **SUITE 110**

23 City & State

28 **DETROIT, MI**

24 Zip

Country

29 **48235**

Country

30

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

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

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

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

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

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **ANDERSON, TATEESA**
CITY - ST - ZIP **29801 CHELMSFORD ROAD
SOUTHFIELD MI**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D**
4.3 STREET ADDRESS **RD CLARK**
4.4 CITY - ST - ZIP **7515 WYNDAM ROAD
PENNSAUKER, NJ 08109**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **CARTER, DENICE**
CITY - ST - ZIP **510 FOURTH STREET
PONTIAC MI**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **MCCOWIN ULYSSES REV.**
5.4 CITY - ST - ZIP **23581 LEE BARKER DRIVE
SOUTHFIELD, MI 48075**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

14. I do 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

[Signature]

109407

CR2037 (9/96)