

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 21, 1999 8:00 am
Secretary of State

06-21-1999 90002 005 ****70.00

DOCUMENT # 839014

1. Corporation Name

LIFE CARE RETIREMENT COMMUNITIES, INC.

Principal Place of Business

**200 E. GRAND AVENUE
390
DES MOINES IA 50309-1800
US**

Mailing Address

**1600 HUB TOWER
699 WALNUT
DES MOINES IA 50309**



2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip Country

24

25

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip Country

29

30

3. Date Incorporated or Qualified

08/25/1977

4. FEI Number

42-1068850

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 **CD** ☐ DELETE

NAME **DICKINSON, L CALL, JR**
STREET ADDRESS **3737 SOUTHERN HILLS DRIVE**
CITY-ST-ZIP **DES MOINES IA 50321**

TITLE **D** ☐ DELETE

NAME **CARVER, GARLAND K**
STREET ADDRESS **7305 RIDGEMONT**
CITY-ST-ZIP **URBANDALE IA 50322**

TITLE **PD** ☐ DELETE

NAME **KADUCE, JOHN J.**
STREET ADDRESS **200 E GRAND AVE, S390**
CITY-ST-ZIP **DES MOINES IA**

TITLE **D** ☐ DELETE

NAME **ZEFRON, MIANNE**
STREET ADDRESS **147-34TH STREET**
CITY-ST-ZIP **DES MOINES IA 50312**

TITLE **D** ☐ DELETE

NAME **STAUFFER, WILLIAM A.**
STREET ADDRESS **3920 GRAND AVE., SOUTH 301**
CITY-ST-ZIP **DES MOINES IA 50312**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TD
FOREMAN, MERLIN J.
6019 WEYBRIDGE
JOHNSTON, IA 50131

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:

John J. Kaduce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0002168

LIFE CARE RETIREMENT COMMUNITIES, INC.

CORPORATE NUMBER: 839014

1999 ADDITIONAL OFFICER/DIRECTOR LIST

578101-90002-5

Doc # 839014

TITLE:	S	NAME:	CODER, SYDNEY J. 4505 - 73 RD STREET URBANDALE, IA 50322
TITLE:	D	NAME:	BOURNE, DONALD W. 5142 PINE TOP PLACE ORLANDO, FL 32819
TITLE:	VD	NAME:	PIERSON, ERNEST C. 112 HOMEDALE ROAD HOPKINS, MN 55343