

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F04000000850

1. Entity Name  
FLORIDA CHRISTIAN HOMES SENIOR HOUSING, INC.



FILED

2005 OCT 20 AM 9: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
7807 CREEKRIDGE CIRCLE  
MINNEAPOLIS, MN 55439-2609

Mailing Address  
7807 CREEKRIDGE CIRCLE  
MINNEAPOLIS, MN 55439-2609



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10192005 REIN-NP CR2E099 (6/04)

City & State

City & State

4. FEI Number

41-1832101

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLORIDA CHRISTIAN HOMES, INC.  
5550 26TH STREET WEST, SUITE 3  
BRADENTON, FL 34207

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Mark Eklo*

10-19-05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25  
After January 1, 2006, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE CST  
NAME DOYLE, DENNIS J ☐ Delete  
STREET ADDRESS 7807 CREEKRIDGE CIRCLE  
CITY-ST-ZIP MINNEAPOLIS, MN 554392609

TITLE VP  
NAME EKLO, MARK D ☐ Delete  
STREET ADDRESS 5100 EDEN AVENUE, SUITE 106  
CITY-ST-ZIP EDINA, MN 55436

TITLE D  
NAME WESTERHOFF, DON ☐ Delete  
STREET ADDRESS 5550 26TH STREET WEST, SUITE 3  
CITY-ST-ZIP BRADENTON, FL 34207

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 100060830821  
CITY-ST-ZIP 10/20/05--01056--003 \*\*211.25

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 7807 CREEKRIDGE CIRCLE  
CITY-ST-ZIP MINNEAPOLIS MN 55439

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Mark Eklo*

10-19-05

952-831-3082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #