

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003757

FILED
Apr 11, 2005
Secretary of State

Entity Name: NATIONAL FELLOWSHIP BRETHERN RETIREMENT HOMES, INC.

Current Principal Place of Business:

337 GRACE VILLAGE DR
WINONA LAKE, IN 46590

New Principal Place of Business:

Current Mailing Address:

337 GRACE VILLAGE DR
WINONA LAKE, IN 46590

New Mailing Address:

FEI Number: 35-1242401 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, BIBLO
4844 LEISUREWOOD LN
LAKELAND, FL 33811 US

Name and Address of New Registered Agent:

SMITH, BILL
4844 LEISUREWOOD LN
LAKELAND, FL 33811 US

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.

SIGNATURE: BILL SMITH 04/11/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: DEBOEST, JESSE
Address: 2510 GLAD ST
City-St-Zip: WARSAW, IN 46580

Title: VC () Delete
Name: WORKMAN, MARK
Address: 903 ESPLANADE
City-St-Zip: WINONA LAKE, IN 46590

Title: T () Delete
Name: REDPATH, RON
Address: 807 LYDIA DR
City-St-Zip: WARSAW, IN 46582

Title: S () Delete
Name: HERBRUCK, GARY
Address: 2608 WILDWOOD LN
City-St-Zip: WINONA LAKE, IN 46590

Title: D () Delete
Name: BARRETT, STEVEN
Address: 715 HERITAGE LANE
City-St-Zip: WARSAW, IN 46582

Title: D () Delete
Name: HARSTINE, JULIE
Address: 2312 SALLY STREET
City-St-Zip: WARSAW, IN 46580

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JESSE DEBOEST C 04/11/2005
Electronic Signature of Signing Officer or Director Date