FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT #

F93000001392 (0)

THE LONG TERM CARE FOUNDATION, INC.

Principal Place of Business Malling Address C/O ROPER NURSING CENTER C/O ROPER NURSING CENTER 2230 ASHLEY CROSSING DRIVE 3. Date incorporated or Qualified 2230 ASHLEY CROSSING DRIVE <u>03/22/1993</u> CHARLESTON SC 29414 CHARLESTON 8C 29414 4. FEI Number Applied For 52-1677439 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 6. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Sulte, Apt. #. etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Yes **⊠** No 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 25 20 ☐ Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD 83 **PLANTATION FL 33324** City 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE ■ DELETE 1.1 TITLE Change Addition ROSEN, MICHAEL P NAME 1.2 NAME 9758 CHESTERVIELD DRIVE STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32257 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE ☐ Addition 2.1 TITLE Change NAME CHIES, STEVEN E 2.2 NAME 9899 AVOCET STREET STREET ADDRESS 2.3 STREET ADDRESS COON RAPIDS MN 55433 CITY-ST-ZIP 2.4 CITY-ST-7IP DELETE TITLE 3.1 TITLE Change Addition MCNEILL, DOUGLAS W NAME 3.2 NAME 105 MCKNIGHT DRIVE STREET ADDRESS 3.3 STREET ADDRESS MIDDLETOWN OH 45044 CITY - ST - ZIP 3.4. CITY-ST-ZIP TITLE **X** DELETE Director **X** Addition 41 TITLE Change James H. Rogers NAME JACOBS, WILLIAM F JR. 4. 2 NAME STREET ADDRESS 2217 PRINCESS ANNE STREET 4.3 STREET ADDRESS

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 suppliemental 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:

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

2221 UNIVERSITY AVENUE, S.E.

FREDRICKSBURG VA 22401

VENICE HOSPITAL, 540 THE REALTO

NORMAN, JACK A

VENICE FL 34285

SANDERS, PAUL S MD

MINNEAPOLIS MN 55414

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE

NAME

<u>Alexandria</u>

Asst. Sec./Bireator

Fred T. Brown, Jr.

1900 Randolph Rd., Suite 610

FILED

Apr 16 1998 8:00am

Secretary of State

<u> 22314 • 22</u>

Change