

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003560 (7)

1. Corporation Name

ARIZONA BAPTIST RETIREMENT CENTERS, INC.

Principal Place of Business

Mailing Address

1313 EAST OSBORN ROAD, SUITE 180
PHOENIX AZ 85014

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PHOENIX AZ 85014

3. Date Incorporated or Qualified

07/15/1996

4. FEI Number

23-7458267

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ 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

300002620373

-08/20/98--01003--004

***61.25

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	CEO	<input type="checkbox"/> DELETE
NAME	ELLIS, DAVID B	
STREET ADDRESS	362 E. ECHO LANE	
CITY-ST-ZIP	PHOENIX AZ 85021	

TITLE	S	<input type="checkbox"/> DELETE
NAME	GRABINSKI, THOMAS D	
STREET ADDRESS	2010 E. BENDIX	
CITY-ST-ZIP	TEMPE AZ 85283	

TITLE	V	<input type="checkbox"/> DELETE
NAME	YOUNG, SUE J	
STREET ADDRESS	7829 W. EMILE ZOLA	
CITY-ST-ZIP	PEORIA AZ 85381	

TITLE	V	<input type="checkbox"/> DELETE
NAME	ROTH, DOROTHY	
STREET ADDRESS	PO BOX 27536 (N/A)	
CITY-ST-ZIP	PHOENIX AZ 85061	

TITLE	S	<input type="checkbox"/> DELETE
NAME	EDSTROM, KATHLEEN K	
STREET ADDRESS	13146 W CASTLEBAR DR	
CITY-ST-ZIP	SUN CITY WEST AZ 85375	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Rod Kemp	
1.3 STREET ADDRESS	1331 E. 2nd Street	
1.4 CITY-ST-ZIP	Mesa, Arizona 85203	

2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Alan Brown	
2.3 STREET ADDRESS	19255 N. 79th Avenue	
2.4 CITY-ST-ZIP	Glendale, Arizona 85308	

3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Greg McNeece	
3.3 STREET ADDRESS	7825 W. Surrey Avenue	
3.4 CITY-ST-ZIP	Peoria, Arizona 85381	

4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mickey Lenamon	
4.3 STREET ADDRESS	3839 W. Tierra Buena Lane	
4.4 CITY-ST-ZIP	Phoenix, Arizona 85023	

5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Donald D. Deardoff	
5.3 STREET ADDRESS	8511 W. Dreyfuss	
5.4 CITY-ST-ZIP	Peoria, Arizona 85381	

6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Paul Bonham	
6.3 STREET ADDRESS	3 Oakwood Hills Drive	
6.4 CITY-ST-ZIP	Chandler, Arizona 85248	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 5, 1998 402/650-2170
Date Daytime Phone #

CR2E037 (5/98)