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Mar 11 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 # **F96000005431 (9)**

1. Corporation Name

COMMUNITY SENIOR LIFE, INC.

Principal Place of Business

Mailing Address

**510 MEDICAL ARTS TOWER
JASPER AL 35501
US**

**510 MEDICAL ARTS TOWER
JASPER AL 35501
US**

2. Principal Place of Business

2a. Mailing Address

21 25819 CANAL ROAD

26 25819 CANAL ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 ORANGE BEACH, AL

28 ORANGE BEACH, AL

Zip

Country

Zip

Country

24 36561

25 USA

29 36561

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/17/1996

4. FEI Number

63-1001785

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**

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

10. Name and Address of New Registered Agent

**HOFFMAN, CHARLES L ESO
SHELL FLEMING DAVIS & MENGE, P.A.
9TH FLOOR, SEVILLE TOWER
PENSACOLA FL 32501**

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	PD <input type="checkbox"/> DELETE
NAME	WILLINGHAM, PATRICK
STREET ADDRESS	510 MEDICAL ARTS TOWER 25819 CANAL ROAD
CITY-ST-ZIP	JASPER AL 35501 ORANGE BEACH, AL 36561
TITLE	V <input type="checkbox"/> DELETE
NAME	WARREN, DOUG
STREET ADDRESS	510 MEDICAL ARTS TOWER 25819 CANAL ROAD
CITY-ST-ZIP	JASPER AL 35501 ORANGE BEACH, AL 36561
TITLE	S <input type="checkbox"/> DELETE
NAME	WINBORNE, ROYCE T
STREET ADDRESS	510 MEDICAL ARTS TOWER 25819 CANAL ROAD
CITY-ST-ZIP	JASPER AL 35501 ORANGE BEACH, AL 36561
TITLE	DC <input type="checkbox"/> DELETE
NAME	SHERER, MAURICE
STREET ADDRESS	510 MEDICAL ARTS TOWER 25819 CANAL ROAD
CITY-ST-ZIP	JASPER AL 35501 ORANGE BEACH, AL 36561
TITLE	D V.P. <input type="checkbox"/> DELETE
NAME	SCARBROUGH, DANIEL
STREET ADDRESS	510 MEDICAL ARTS TOWER 25819 CANAL ROAD
CITY-ST-ZIP	JASPER AL ORANGE BEACH, AL 36561
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WILSON, ROBERT T JR
STREET ADDRESS	510 MEDICAL ARTS TOWER
CITY-ST-ZIP	JASPER AL 35501

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	STEVEN G GLOBETTI
1.3 STREET ADDRESS	25819 CANAL ROAD
1.4 CITY-ST-ZIP	ORANGE BEACH, AL 36561
2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PHIL LAIRD
2.3 STREET ADDRESS	25819 CANAL ROAD
2.4 CITY-ST-ZIP	ORANGE BEACH, AL 36561
3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MILLARD JOHNSON
3.3 STREET ADDRESS	25819 CANAL ROAD
3.4 CITY-ST-ZIP	ORANGE BEACH, AL 36561
4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JOHN COOPER
4.3 STREET ADDRESS	25819 CANAL ROAD
4.4 CITY-ST-ZIP	ORANGE BEACH, AL 36561
5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MIKE CARLSON
5.3 STREET ADDRESS	25819 CANAL ROAD
5.4 CITY-ST-ZIP	ORANGE BEACH, AL 36561
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: **ROYCE T WINBORNE** 3/4/98 (334) 981-0215

CFR2037 (10/97)