

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004633

1. Entity Name

CHURCH OF GOD RETIREMENT COMMUNITIES, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90037 021 ****61.25

Principal Place of Business

Mailing Address

PO BOX 2069
ANDERSON IN 46018-2069

PO BOX 2069
ANDERSON IN 46018-2069

2. Principal Place of Business

3. Mailing Address

P.O. Box 122620

P.O. Box 122620

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Anderson, IN

City & State

Anderson, IN

4. FEI Number

35-1059859

Applied For

Not Applicable

Zip

46012

Country

USA

Zip

46012

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

MOSER, ESTELLA
% GENESIS POINTE
151 GENESIS POINTE
LAKE WALES FL 33853

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.

SIGNATURE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	JACKSON, S. LOUIS	1812 UNIVERSITY BLVD.	ANDERSON IN 46012	<input type="checkbox"/>
ST	GRANT, MICHAEL	1812 UNIVERSITY BLVD.	ANDERSON IN 46012	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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: *Michael Grant*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 4/25/00

CR2E037 (9/99)