

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004633

1. Entity Name

CHURCH OF GOD RETIREMENT COMMUNITIES, INC.

Principal Place of Business

PO BOX 122620
ANDERSON IN 46012

Mailing Address

PO BOX 122620
ANDERSON IN 46018-2069

2. Principal Place of Business

P.O. Box 2069

3. Mailing Address

P.O. Box 2069

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Anderson, IN

City & State

Anderson, IN

4. FEI Number

31-1059859

Applied For

Not Applicable

Zip

Country

46018-2069

USA

Zip

Country

46018-2069

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

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

Name

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

City

FL

Zip Code

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
P
JACKSON, S. LOUIS
1812 UNIVERSITY BLVD.
ANDERSON IN 46012 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
GRANT, MICHAEL
1812 UNIVERSITY BLVD.
ANDERSON IN 46012 ☐ Delete

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 4/2/01



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)