

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 8:00 am
Secretary of State

01-13-2005 90004 041 ****61.25

DOCUMENT # N00000007462

1. Entity Name
SAGE LIVING CENTERS, INC.



Principal Place of Business
**ONE TOWNSLEY DRIVE
SUITE 2E
CARTERSVILLE, GA 30120 US**

Mailing Address
**300 INTERNATIONAL PARKWAY
SUITE 190
HEATHROW, FL 32746 US**

50002160



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
58-2581366

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**PAWLOWSKI, GLEN J
300 INTERNATIONAL PARKWAY
SUITE 190
HEATHROW, FL 32746**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MOORE, EDWARD A
2802 ENCHANTED CIRCLE
GARLAND, TX 75044** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
NIXON, CHARLES R
84 LAZY WATER DRIVE
EUHARLEE, GA 30120** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LOWERY, JOHN B.
6119 VICKERY CREEK RD
CUMMING, GA 30040** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SPARKS, JAMES
2503 CHESTERFIELD DRIVE
FT PIERCE, FL 34982** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LONG, LARRY D.
489 SPAINSGRASS LN
MALETTA, GA 30068** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #