

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008319

FILED
Apr 28, 2004
Secretary of State**Entity Name:** WUESTHOFF ASSISTED LIVING AT IRCC, INC.**Current Principal Place of Business:**110 LONGWOOD AVE.
ROCKLEDGE, FL 32955**New Principal Place of Business:****Current Mailing Address:**PO BOX 565002
MS #75
ROCKLEDGE, FL 329565002 US**New Mailing Address:****FEI Number:** 59-3759049**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MILLER, EMIL
110 LONGWOOD AVE.
ROCKLEDGE, FL 32955 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: MILLER, EMIL P
Address: 110 LONGWOOD AVE.
City-St-Zip: ROCKLEDGE, FL 32955**Title:** D () Delete
Name: MARTINEZ, ARMANDO
Address: 110 LONGWOOD AVE
City-St-Zip: ROCKLEDGE, FL 32955**Title:** STD () Delete
Name: BANCROFT, WILLIAM
Address: 110 LONGWOOD AVE
City-St-Zip: ROCKLEDGE, FL 32955**Title:** CD () Delete
Name: DAVIS, REBEKAH
Address: 110 LONGWOOD AVE
City-St-Zip: ROCKLEDGE, FL 32955**Title:** VCD () Delete
Name: BURK, RONALD MD
Address: 110 LONGWOOD AVE
City-St-Zip: ROCKLEDGE, FL 32955**Title:** D () Delete
Name: SULLIVAN, FRANK III
Address: 110 LONGWOOD AVE
City-St-Zip: ROCKLEDGE, FL 32955**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMIL P. MILLER

PRES

04/28/2004

Electronic Signature of Signing Officer or Director

Date

MIKE ARNOLD
110 LONGWOOD AVE
ROCKLEDGE, FL 32955

VALERIE BROWNE-KRIMSLEY, ED.D.
110 LONGWOOD AVE
ROCKLEDGE, FL 32955

EUGENE C. JOHNSON
110 LONGWOOD AVE
ROCKLEDGE, FL 32955

MAXWELL KING, ED.D.
110 LONGWOOD AVE
ROCKLEDGE, FL 32955

STEVEN PHELPS
110 LONGWOOD AVE
ROCKLEDGE, FL 32955

KENNETH KOREY, MD
110 LONGWOOD AVE
ROCKLEDGE, FL 32955

FRANK POUND
110 LONGWOOD AVE
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FRAN PICKETT
110 LONGWOOD AVE
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ROBERT A. ENDERSON, MD
110 LONGWOOD AVE
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