

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000009283

FILED
Jun 21, 2006
Secretary of State

Entity Name: FLORIDA SENIOR HOUSING COUNCIL, INC.

Current Principal Place of Business:

33 WEST GRAND
STE. 404
CHICAGO, IL 60610

New Principal Place of Business:

500 FLOYD ROAD
CALHOUN, GA 30701

Current Mailing Address:

33 WEST GRAND
STE. 404
CHICAGO, IL 60610

New Mailing Address:

500 FLOYD ROAD
CALHOUN, GA 30701

FEI Number: 65-1178418 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MARY R. ADAMS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: COWLEY, ALFRED H MR.
Address: 500 FLOYD ROAD
City-St-Zip: CALHOUN, GA 30701

Title: SEC () Change (X) Addition
Name: LIGHT, GARY MR.
Address: 9310 HUNTCLIFF TRAIL
City-St-Zip: ATLANTA, GA 30350

Title: BD () Change (X) Addition
Name: NERA, EMIL MR.
Address: 10202 TUCKER JONES ROAD
City-St-Zip: RIVERVIEW, FL 33569

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ALFRED COWLEY

PRES

06/21/2006

Electronic Signature of Signing Officer or Director

Date