

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90360 033 ****61.25

DOCUMENT # N04000002878

1. Entity Name
INSTITUTE FOR SENIOR LIVING OF FLORIDA, INC.



Principal Place of Business
100 SECOND AVENUE SOUTH
SUITE 901S
ST. PETERSBURG, FL 33701 US

Mailing Address
100 SECOND AVENUE SOUTH
SUITE 901S
ST. PETERSBURG, FL 33701 US

40050392



01042006 No Chg-NP CR2E037 (11/05)

4. FEI Number
20-0904526

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WYATT, BART
100 SECOND AVENUE SOUTH
SUITE 901S
ST. PETERSBURG, FL 33701

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GALLAHER, RHONDA 109 ANTES LANE GRAMPIAN, PA 16838
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MADONNA, HARRY D C/O SG&R PO BOX 10867 SAINT PETERSBURG, FL 337330867
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WYATT, DEE 724 N GOVERNORS AVENUE DOVER, DE 199047238
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

4/6/06
Date

Daytime Phone # _____