## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name N24217

(4)

REGIS IMAIAON, IIAO	REGIS	MANOR,	INC
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REGIS MANOR, INC.								
Principal Place of E	Rusiness	Mailing Address			i ildālilāt ātā dibit ātāta itāti. Itāti	1541 A1211 A1214 B		
,		4600 WEST KENNEDY BO	NIL FVARD	ì				
	NEDY BOULEVARD	C/O ALBERT SALEM						
C/O ALBERT SALEM TAMPA FL 33609		TAMPA FL 33609			3. Date Incorporated or Qualified		of Last Report 1/24/1995	
					01/29/1988	<u> </u>	Applied For	
2. Principal Place	of Business	2a. Mailing Address			4. FEI Number 59-2905395		Not Applicable	
2. Fincipal race	0. 200	26			39-2900393		\$8.75 Additional	
Suite, Apt. #, e	tc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Fee Required	
22		27 City & State			6. Election Campaign Financing		\$5.00 May Be	
City & State		City & State			Trust Fund Contribution		Added to Fees	
23	Country	Zip	Country		8. This corporation has liability for	intangible tax t	under s. 199.032,	
Zip	<b>25</b>		30		Florida Statutes	☐ Yes 🗶 N	o lant	
24	9. Name and Address of Curre				10. Name and Address of New F	registered Ag	JOINE	
	<u> </u>		81 Nar					
A CALENA A	DEDT		<b>82</b> Str	eet Addre	oss (P.O. Box Number is Not Acceptat	ole)		
SALEM, AL	T KENNEDY BOULEVARD		_					
* TAMPA FL			83					
IAMEA FL	, 00000		<b>84</b> Cit	У		FL	85 Zip Code	
					the submite this statement for the ru		ging its registered office	
11. Pursuant to	the provisions of Sections 617.050 Lagent, or both, in the State of Fio	02 and 617.1508, Florida Statute: rida. Such change was authorize	s, the above-hame id by the corporation	on's boar	ation submits this statement for the pu d of directors. Thereby accept the app	pointment as re	egistered agent. I am	
familiar with,	l agent, or both, in the State of Fio , and accept the obligations of, Sec	ction 617.0503, Florida Statutes.						
SIGNATURE	gnature, typed or printed name of registered age	art and title it applicable (NO1	IF Registered Agent signs	ature required	d when reinstating) ADD:TIONS/CHANGES TO OF	EICERS AND	DIRECTORS IN 12	
12.	OFFICERS A	ND DIRECTORS	13.	- <del></del>	ADDITIONS GHANGES TO OF	-,011071107	Change Addition	
TITLE	VPD	DELETE	1.1 TITLE			L	, <u> </u>	
NAME	BALTHAZAR, NORMAN G.		1.2 NAME					
STREET ADDRESS	821 S. DALE MABRY		1.3 STREET ADOL	ı				
CiTY-S"-ZIP	TAMPA FL	- Destri	1.4 CITY - ST - ZIF	<del></del>			Change Addition	
TITLE	SD	DELETE	2 1 TITLE					
NAME	PIEPER, BARBARA D.		2.2 NAME 2.3 STREET ADD	BESS				
STREET ADDRESS	804 BAYSIDE DR.		<b>L</b>					
CITY-ST-ZIP	TAMPA FL	DELETE	2 4 CITY - ST - Z 3 1 TITLE	"		[	Change Addition	
TITLE	PD	Посте	3 2 NAME					
NAME	SMITH, SYLVIA		3 3 STREET ADD	ORESS 1				
STREET ADDRESS	5018 THE RIVIERA		3 4 CITY - S1 - Z	1			Change Addition	
CITY-ST-ZIP	TAMPA FL	DELETE	41 THILE			l	Change Addition	
TITLE	WADD DALU A ID-	_	4 2 NAME					
NAME	WARD, PAUL A., JR.: 6369 9TH STREET NORTH	1	4.3 STREET AD	DRESS				
STREET ADDRESS	ST. PETERSBURG FL	·	4.4 CITY - ST - Z	ZIP .			Change Addition	
CITY - ST - ZIP	-B	DELETE	5 1 TIFLE				□ s.m.d- □	
NAME	BOWERS, CHRISTOPHER		5.2 NAME	İ	1000016	1007	<b>51</b>	
STREET ADDRESS	6200 COURTNEY CAMPB		5.3 STREET_AD		_UC /3U /d#==U	1034~-0	ĭĭ	
CITY-SI-ZIP	TAMPA FL		5 4 CITY - ST -	ZIP	1000018 -05/20/960 ***61.25	<u></u>	☐ Change ☐ Additio	
TITLE	TD	DELETE	61 TITLE		かかかり1・6つ		$\mathcal{M}$	
NAME	CONNER, DOUGLAS		6.2 NAME	nnocce			ND	
STREET ADDRESS	4906 ST. CROIX		63 STREET AC	ì				
CITY-ST-2IP	TAMPA FL	had with this filing is valuntarily for	64 CITY-ST- rnished and does	not qualif	y for the exemption stated in Section urate and that my signature shall have	119.07(3)(k), Fi	orida Statutes. I fur el	
14. I do herek	by certify that the information support the information indicated on this	iled with this lilling is voluntarily in annual report or symplemental ar	nual report is true	and accu	urate and that my signature shall have this report as required by Chapter 61.	me same lega 7, Florida Statu	ites; and that my name	
oath; that	I am an officer or director of the c	comoration or the eceiver or trus or on an attachment with an ad	itee empowered to Idress.	GYCCOLG	man reference and and an an an an			
appears i	n Block 12 of Block us il challed	, 4 /5/1/km	1111-		y for the exemption stated in Section urate and that my signature shall have this report as required by Chapter 617	. (કાર	3000	

SIGNATURE: SIGNATURE AND TYPED OR BEINTED NAME OF SIGNING OFFIGER OR DIRECTOR LORMAN 6. BALTHAZAR DOLLARS

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Daytima Prione #

4-15-96