


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

07-13-2005 90017 036 ****61.25

DOCUMENT # N35711
 1. Entity Name
SENIOR LIVING CENTERS, INC.



14010704

Principal Place of Business
 4600-54TH AVENUE S
 ST. PETERSBURG, FL 33711 US

Mailing Address
 P.O. BOX 12560
 ST. PETERSBURG, FL 33733-2560 US



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

06292005 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
59-2961763

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
RANSON, ARTHUR J III
1000 LEGION PLACE SUITE 1700
ORLANDO, FL 32801

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

7. Name and Address of New Registered Agent

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 September 7, 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 ADAMS, PAYTON F 2834 PELHAM ROAD NORTH SAINT PETERSBURG, FL 33710 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT KING, MALCOLM 662-7TH AVENUE TIERRA VERDE, FL 33715 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V WRENN, GROVER C 5240 62ND AVE SOUTH SAINT PETERSBURG, FL 33715 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7319 DESERT RIDGE GLEN BRADENTON, FL 33710 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS RYDBERG, MARSHA G 400 N. TAMPA ST., SUITE 1050 TAMPA, FL 336024708 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C RANSON, ARTHUR J III 315 E. ROBINSON ST ORLANDO, FL 32801 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Arthur J. Ranson* **7/7/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

14018764

N35711

SENIOR LIVING CENTERS, INC.
2004-05

Board of Directors

Payton F. Adams
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St. Petersburg, FL 33710
Phone: 727/347-4560
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E-mail: mrydberg@rydberglaw.com

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Tierra Verde, FL 33715
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Officers

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Treasurer
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Arthur J. Ranson
Arthur J. Ranson
Grover Wrenn
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Malcolm King
Kit Crowner

June, 2005