

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

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90212 004 ****61.25

DOCUMENT # N35711

1. Entity Name
SENIOR LIVING CENTERS, INC.



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**

50014039



01132006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2961763

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RANSON, ARTHUR J III
1000 LEGION PLACE SUITE 1700
ORLANDO, FL 32801**

**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
ADAMS, PAYTON F
2834 PELHAM ROAD NORTH
SAINT PETERSBURG, FL 33710**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
KING, MALCOLM
662-7TH AVENUE
TIERRA VERDE, FL 33715**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
WRENN, GROVER C
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**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
RANSON, ARTHUR J III
315 E. ROBINSON ST
ORLANDO, FL 32801**

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

3/28/06

Date

727.864.8311

Daytime Phone #