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Apr 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N48692** (0)

1. Corporation Name

SUNBELT LIVING CENTERS, INC.

Principal Place of Business

**500 WINDERLEY PLACE
SUITE 115
MAITLAND FL 32751**

Mailing Address

**500 WINDERLEY PLACE
SUITE 115
MAITLAND FL 32751-7206**

3. Date Incorporated or Qualified **05/01/1992** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-3246597

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TRIMBLE, TAMARA L.
2400 BEDFORD ROAD
ORLANDO FL 32803**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **BLAIR, MARDIAN**
STREET ADDRESS **2400 BEDFORD ROAD**
CITY-ST-ZIP **ORLANDO FL**

1.1 TITLE **CD** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **111 N. ORLANDO AVENUE**
1.4 CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **D** ☐ DELETE
NAME **CHOBAN, GLEN**
STREET ADDRESS **500 WINDERLEY PLACE**
CITY-ST-ZIP **MAITLAND FL**

2.1 TITLE **PD** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **32751**

TITLE **SD** ☒ DELETE
NAME **LIWAG, MEL**
STREET ADDRESS **500 WINDERLEY PLACE**
CITY-ST-ZIP **MAITLAND FL**

3.1 TITLE **STD** ☐ Change ☒ Addition
3.2 NAME **CENTER, RICHARD**
3.3 STREET ADDRESS **3978 MEMORIAL DRIVE**
3.4 CITY-ST-ZIP **DECATUR, GA 30032**

TITLE **D** ☒ DELETE
NAME **JERNIGAN, DON**
STREET ADDRESS **2400 BEDFORD RD.**
CITY-ST-ZIP **ORLANDO FL 32803**

4.1 TITLE **SD** ☐ Change ☒ Addition
4.2 NAME **SKILTON, GARY**
4.3 STREET ADDRESS **111 N. ORLANDO AVENUE**
4.4 CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **D** ☐ DELETE
NAME **WIESE, CALVIN**
STREET ADDRESS **2400 BEDFORD ROAD**
CITY-ST-ZIP **ORLANDO FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS **111 N. ORLANDO AVENUE**
5.4 CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **VD** ☐ DELETE
NAME **CAMP, VANN D.**
STREET ADDRESS **500 WINDERLEY PLACE**
CITY-ST-ZIP **MAITLAND FL**

6.1 TITLE **D** ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP **32751**

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Vann D. Camp* **REQUANED CAMP**

3/25/97

(407) 660-2440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0014182

CR2E037 (9/96)

SUNBELT LIVING CENTERS, INC.

***Officers and Board of Directors**

***Mardian J. Blair, President**

Adventist Health System/Sunbelt
111 North Orlando Avenue
Winter Park, FL 32789
(407) 975-4400

***Glenwood T. Choban, President**

Sunbelt Health Care Centers, Inc.
500 Winderley Place, Suite 115
Maitland, FL 32751
(407) 660-2440
(407) 788-4520

Vann D. Camp, Vice President/Finance

Sunbelt Health Care Centers, Inc.
500 Winderley Place, Suite 115
Maitland, FL 32751
(407) 660-2440
(407) 788-7928

William D. Jacobson, V. President/Acquisitions

Sunbelt Health Care Centers, Inc.
500 Winderley Place, Suite 115
Maitland, FL 32751
(407) 660-2440
(407) 786-0232

***Richard P. Center, Treasurer**

Southern Union Conference of SDA
3978 Memorial Drive
Decatur, GA 30032
(404) 299-1832
(404) 292-6232

Daniel Rozell, Director

Long Term Health Care Admin.
P.O. Box 370
Collegedale, TN 37315
(615) 238-2754
(615) 396-3783

***Gary C. Skilton, Treasurer**

Adventist Health System/Sunbelt
111 North Orlando Avenue
Winter Park, FL 32789
(407) 975-4400

Deryl Knutson, Treasurer

Southwestern Union Conference of SDA
777 South Burleson Blvd.
Burleson, TX 76028
(817) 295-0476
(817) 558-9206

Raymond Tutwiler, President

RET & Associates
100 West Roosevelt Road, Bldg A-3
Suite 101
Wheaton, IL 60187
(708) 690-0800
(708) 690-7629

Calvin Wiese, Sr. Vice President

Adventist Health System/Sunbelt
111 North Orlando Avenue
Winter Park, FL 32789
(407) 975-4400

Rich Reiner, Sr. Vice President

Florida Hospital
601 East Rollins
Orlando, FL 32803
(407) 897-1976