

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 APR 21 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004795 (1)

1. Corporation Name

CHRISTIAN RETIREMENT CENTER OF MOUNT DORA, INC.

Principal Place of Business

Mailing Address

13TH AVENUE AND MCDONALD STREET
MOUNT DORA FL 32757

P.O. BOX 1017
MOUNT DORA FL 32757

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

10/22/1993

03/25/1994

4. FBI Number

59-0855390

Applied For

Not Applicable

5. Certificate of Status Desired

\$6.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

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

2. Principal Place of Business

2a. Mailing Address

21

2a

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOORE, JAMES E
13TH AVENUE AND MCDONALD STREET
MOUNT DORA FL 32757

81 Name

Nickens, L. Carolyn

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

255 W. 13th Ave. #2

83

Mount Dora FL 32757

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

L. Carolyn Nickens

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

(NOTE: Registered Agent signatures required when changing)

DATE

1/12/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MOORE, JAMES E
STREET ADDRESS 5310 MARY ANN LANE
CITY-ST-ZIP ORLANDO FL 32810

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Moore, James E.
255 W. 13th Ave. #8
Mount Dora FL 32757

Change Addition

TITLE SD
NAME STULTS, DENNIS
STREET ADDRESS 13TH AVE AND MCDONALD STREET
CITY-ST-ZIP MOUNT DORA FL 32757

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Stults, Dennis
550 E. Lake Elbert
Winter Haven FL 33880

Change Addition

TITLE VD
NAME SUTTON, HAROLD
STREET ADDRESS 13TH AVE AND MCDONALD STREET
CITY-ST-ZIP MOUNT DORA FL 32757

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Sutton, Harold
1850 B 59th Street W
Bradenton FL 34209

Change Addition

TITLE TD
NAME MARAIO, ARMANDO
STREET ADDRESS 13TH AVE AND MCDONALD STREET
CITY-ST-ZIP MOUNT DORA FL 32757

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Maraio, Armando
712 Treeline Place
Sanford FL 32771

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

James E. Moore, President

1/12/95

(904) 735-0080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone No.