

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified **10/22/1993** 3a. Date of Last Report **04/21/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**59-0855390**

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

NICKENS, L. CAROLYN  
255 W 13 AVE #2  
MOUNT DORA FL 32757

81 Name

**James E. Moore**

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

**33540 Wesley Road**

83

**Eustis**

84 City

**FL**

85 Zip Code

**32736**

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

*James E. Moore*

**James E. Moore**

**4/10/96**

(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  DELETE

NAME **PD MOORE, JAMES E**  
STREET ADDRESS **255 W 13TH AVE #8**  
CITY-ST-ZIP **MT DORA FL**

1.1 TITLE  Change  Addition

1.2 NAME  
1.3 STREET ADDRESS **33540 Wesley Road**  
1.4 CITY-ST-ZIP **Eustis, FL 32736**

TITLE  DELETE

NAME **SD STULTS, DENNIS**  
STREET ADDRESS **550 E. LAKE ELBERT**  
CITY-ST-ZIP **WINTER HAVEN FL**

2.1 TITLE  Change  Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  DELETE

NAME **VD SUTTON, HAROLD**  
STREET ADDRESS **1850 B WEST 59TH ST**  
CITY-ST-ZIP **BRADENTON FL**

3.1 TITLE  Change  Addition

3.2 NAME  
3.3 STREET ADDRESS **11208 Longwood Court**  
3.4 CITY-ST-ZIP **Bradenton, FL 34209**

TITLE  DELETE

NAME **TD MARAIO, ARMANDO**  
STREET ADDRESS **712 TREELINE PL**  
CITY-ST-ZIP **SANFORD FL**

4.1 TITLE  Change  Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 119.07(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*

**James E. Moore**

**4/10/96**

**(352) 383-2155**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)