


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90006 032 ****61.25

DOCUMENT # N93000004795		
1. Entity Name CHRISTIAN RETIREMENT CENTER OF MOUNT DORA, INC.		
Principal Place of Business 301 WEST 13TH AVENUE MOUNT DORA, FL 32757	Mailing Address 301 WEST 13TH AVENUE MOUNT DORA, FL 32757	

54037169



01262004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59- 0855890 -3208770	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, JAMES E.
 33540 WESLEY ROAD
 EUSTIS, FL 32736

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2004

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	P MOORE, JAMES E 33540 WESLEY ROAD EUSTIS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STULTS, DENNIS 550 E. LAKE ELBERT WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SUTTON, HAROLD 11208 LONGWOOD COURT BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARAIO, ARMANDO 712 TREELINE PL SANFORD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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: James E. Moore 4/14/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #