**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # N9500004903

1. Corporation Name

FLORIDA BAPTIST RETIREMENT CENTERS, INC.

| Principal Place of Business             |
|---|
| 1006 33RD STREET<br>VERO BEACH FL 32960 |
| 11A                                     |

Mailing Address

P O BOX 460

## **FILED** Mar 04, 1999 8:00 am secretary of State

03-04-1999 90209 002 \*\*\*\*70.00



| US US          |   | US                                    |                                  | ;  |   |
|----------------|---|---------------------------------------|----------------------------------|--|---|
| 2. Principal P | lace of Business  | 2a. Mailing Address                   |                                  | 3. Date Incorporated or Qualifed 10/16/1995  |   |
| Suite, Apt.    | #, etc.   | Suite, Apt. #, etc.                   |                                  | 4. FEI Number -59 3345727 - 59 -72 627   | Applied For Not Applicable                            |
| City & Stat    | е   | City & State                          |                                  | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Required                     |
| Zip            | Country 25  | Zip 30                                | Country                          | 6. Election Campaign Financing Trust Fund Contribution   | \$5.00 May Be<br>Added to Fees                        |
|                | 9. Name and Address of Curren   | t Registered Agent                    |                                  | 10. Name and Address of New Registere  | d Agent   |
| 1320 HEN       | , george r<br>Dricks ave.<br>Ville fl 32207   |                                       | 81 Name<br>82 Street Add         | ress (P.O. Box Number is Not Acceptable)   |   |
|                | •   |                                       | 84 City                          |  | 85 Zip Code   |
| l office or r  | to the provisions of Sections 617.050<br>egistered agent, or both, in the State<br>im familiar with, and accept the obligat | of Florina. Such change was autr      | ionzea dy ina corborau           | poration submits this statement for the purpose<br>ion's board of directors. I hereby accept the app | of changing its registered<br>cointment as registered |
| SIGNATURE      | Signature, typed or printed name of registered agen   | at and title if applicable. (NOTE: Re | egistered Agent signature requin | ed when reinstating) DATE  |   |
| 12.            | ·   | D DIRECTORS                           | 13.                              | ADDITIONS/CHANGES TO OFFICERS  | AND DIRECTORS IN 12                                   |
| TITLE          | D   | ☐ DELETE                              | 1,1 TITLE                        |  | ☐ Change ☐ Addition                                   |
| NAME           | BORDERS, GEORGE R   |                                       | 1.2 NAME                         |  |   |
| STREET ADDRESS | 1320 HENDRICKS AVE.   |                                       | 1.3 STREET ADDRESS               |  |   |
| CITY-ST-ZIP    | JACKSONVILLE FL 32207   |                                       | 1.4 CITY-ST-ZIP                  |  |   |
| TITLE          | D   | ☐ DELETE                              | 2.1 TITLE                        |  | ☐ Change ☐ Addition                                   |
| NAME           | BROOME, C. RICHARD  |                                       | 2.2 NAME                         |  |   |
| STREET ADDRESS | 4714 GEMINI DR., N.   |                                       | 2.3 STREET ADDRESS               |  |   |
| -CITY-ST-ZIP   | JACKSONVILLE FL 32217   | _ <u></u>                             | -2. 4 CITY-\$T-ZIP               |  |   |
| TITLE          | D   | ☐ DELETE                              | 3.1 TITLE                        |  | Change Addition                                       |
| NAME           | WATSON, W. ALVIN  |                                       | 3.2 NAME                         | •  |   |
| STREET ADDRESS | 13654 MYRICA CT.  |                                       | 3.3 STREET ADDRESS               |  |   |
| CITY-ST-ZIP    | JACKSONVILLE FL 32224   |                                       | 3.4. CITY-ST-ZIP                 |  |   |
| TITLE          | D   | ☐ DELETE                              | 4.1 ππ.E                         |  | Change Addition                                       |
| NAME           | HOWELL, JOSEPH  |                                       | 4. 2 NAME                        |  | •   |
| STREET ADDRESS | 1320 HENDRICKS AVENUE   |                                       | 4.3 STREET ADDRESS               |  |   |
| CITY-ST-ZIP    | JACKSONVILLE FL   |                                       | 4.4 CITY-ST-ZIP                  |  |   |
| TITLE          | D   | ☐ DELETE                              | 5.1 TITLE                        |  | ☐ Change ☐ Addition                                   |
| NAME .         | ELLIS, DAVID B  |                                       | 52 NAME                          |  |   |
| \              | 1444 E46T 0000DN DOAD #4  | 180                                   | 5.3 STREET ADDRESS               |  |   |
| STREET ADDRESS |   | 100                                   | 5.4 CrTY-ST-ZIP                  |  | ``  |
| CITY-ST-ZIP    | PHOENIX AR  | ☐ DELETE                              | 6.1 TITLE                        |  | Change Addition                                       |
| TITLE          | DDOMAL ALAM   | C perete                              | 6.2 NAME                         |  |   |
| NAME           | BROWN, ALAN   | 4400                                  | 1                                |  |   |
| STREET ADDRESS | 1313 EAST OSBORNE ROAD, #   | F18U                                  | 6.3 STREET ADDRESS               |  |   |

14. 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 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, with all other like empowered.

SIGNATURE:

800) 780-0325