

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004903

FILED
May 05, 2008
Secretary of State

Entity Name: FLORIDA BAPTIST RETIREMENT CENTERS, INC.

Current Principal Place of Business:

1006 33RD STREET
VERO BEACH, FL 32960 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 460
VERO BEACH, FL 32961 US

New Mailing Address:

1006 33RD STREET
VERO BEACH, FL 32960 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH HULSEY & BUSEY
225 WATER STREET, SUITE 1800
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCCLELLAND, EDDIE L
Address: 1320 HENDRICKS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: HEADLEY, JR, WILLIAM A MR.
Address: 1040 CAMPBELL STREET
City-St-Zip: ORLANDO, FL 32806

Title: D (X) Delete
Name: TURNER, THOMAS J
Address: 4251 MONUMENT ROAD, EAST POINT #401
City-St-Zip: JACKSONVILLE, FL 32225

Title: A (X) Delete
Name: MCDANIEL, THOMAS L
Address: 104 ALAMEDA AVE
City-St-Zip: SEBASTIAN, FL 32958

Title: D (X) Delete
Name: CREASMAN, HERSCHEL
Address: 11131 NW 24TH STREET
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D (X) Delete
Name: COOLEY, DONALD L
Address: 6735 CALVADOS AVE
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ADMI (X) Change () Addition
Name: WARD, GRETCHEN M
Address: 1006 33RD ST
City-St-Zip: VERO BEACH, FL 32960 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRETCHEN WARD

Electronic Signature of Signing Officer or Director

ADMI

05/05/2008

_____ Date