



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90006 041 \*\*\*\*70.00

<b>DOCUMENT # N96000000110</b> 1. Entity Name <b>PENSACOLA RETIREMENT VILLAGE III, INC.</b>					
Principal Place of Business <b>1700 NORTH I STREET PENSACOLA, FL 32501</b>			Mailing Address <b>80 LUCERN CIR ORLANDO, FL 32801 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3369240</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>KEITH, HENRY T 80 LUCERN CIR ORLANDO, FL 32801</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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)					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MOTTICE, H. JAY</b>		NAME		
STREET ADDRESS	<b>80 WEST LUCERNE CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORLANDO, FL 32801</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>PHELPS, NANCY</b>		NAME	<b>Davis, Carol F.</b>	
STREET ADDRESS	<b>80 WEST LUCERNE CIRCLE</b>		STREET ADDRESS	<b>80 West Lucerne Circle</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32801</b>		CITY-ST-ZIP	<b>Orlando, FL 32801</b>	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>EMERSON, JAMES F</b>		NAME		
STREET ADDRESS	<b>80 WEST LUCERNE CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORLANDO, FL 32801</b>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KEITH, HENRY T</b>		NAME		
STREET ADDRESS	<b>80 W LUCERN CIR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORLANDO, FL 32801</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BARR, JOHN W</b>		NAME		
STREET ADDRESS	<b>80 W LUCERN CIR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORLANDO, FL 32801</b>		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MILTON, JOHN</b>		NAME		
STREET ADDRESS	<b>80 WEST LUCERNE CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORLANDO, FL 32801</b>		CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> 			<b>02-12-2004</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>James F. Emerson</b>			Date <b>407-839-5050</b>		