
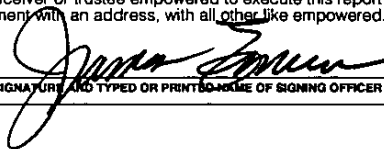


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90020 013 \*\*\*\*70.00

<b>DOCUMENT # N96000000110</b> 1. Entity Name PENSACOLA RETIREMENT VILLAGE III, INC.					
Principal Place of Business 1700 NORTH L STREET PENSACOLA, FL 32501			Mailing Address 80 LUCERN CIR ORLANDO, FL 32801 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3369240</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>KEITH, HENRY T</b> <b>80 LUCERN CIR</b> <b>ORLANDO, FL 32801</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete				
MOTTICE, H. JAY 80 WEST LUCERNE CIRCLE ORLANDO, FL 32801	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
DAVIS, CAROL F 80 WEST LUCERNE CIRCLE ORLANDO, FL 32801	D English, Jr., Colin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
VP EMERSON, JAMES F 80 WEST LUCERNE CIRCLE ORLANDO, FL 32801	D Gregory, Judith <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TD KEITH, HENRY T 80 W LUCERN CIR ORLANDO, FL 32801	D Schitter, Gretchen <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
S BARR, JOHN W 80 W LUCERN CIR ORLANDO, FL 32801	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
PD MILTON, JOHN 80 WEST LUCERNE CIRCLE ORLANDO, FL 32801	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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>James Emerson</b> 03-11-05 407-839-5050 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					