


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000005048
1. Entity Name
SUNBELT LIVING CENTER/APOPKA, INC.



Principal Place of Business
**602 COURTLAND STREET
STE 200
ORLANDO, FL 32804**

Mailing Address
**602 COURTLAND STREET
STE 200
ORLANDO, FL 32804**



04212005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3437867	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TRIMBLE, T.L.
111 N. ORLANDO AVE.
WINTER PARK, FL 32789-3675**

**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 _____
Signature, typed or printed name of registered agent and date if applicable

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: CVPD
NAME: HENDERSCHIEDT, ROBERT R
STREET ADDRESS: 111 N. ORLANDO AVE.
CITY-ST-ZIP: WINTER PARK, FL 32879

TITLE: PD
NAME: FETTERS, MICHELLE
STREET ADDRESS: 602 COURTLAND ST STE 200
CITY-ST-ZIP: ORLANDO, FL 32804

TITLE: TD
NAME: SHAW, TERRY D
STREET ADDRESS: 111 N ORLANDO AVE
CITY-ST-ZIP: WINTER PARK, FL 32789

TITLE: STD
NAME: CENTER, RICHARD
STREET ADDRESS: 3978 MEMORIAL DR
CITY-ST-ZIP: DECATUR, GA 30032

TITLE: TD
NAME: SKILTON, GARY C
STREET ADDRESS: 111 N ORLANDO AVE
CITY-ST-ZIP: WINTER PARK, FL 32789

TITLE: PD
NAME: WERNER, THOMAS L
STREET ADDRESS: 111 N ORLANDO AVE
CITY-ST-ZIP: WINTER PARK, FL 32789

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05/03/05-80153-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Michelle Fetters* **Michelle Fetters** **4/29/05** **407/975/3000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #