

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005048

FILED  
Jan 12, 2006  
Secretary of State

**Entity Name:** SUNBELT LIVING CENTER/APOPKA, INC.

**Current Principal Place of Business:**

602 COURTLAND STREET  
STE 200  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

602 COURTLAND STREET  
STE 200  
ORLANDO, FL 32804

**New Mailing Address:**

**FEI Number:** 59-3437867

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRIMBLE, T.L.  
111 N. ORLANDO AVE.  
WINTER PARK, FL 327893675 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: CVPD ( ) Delete  
Name: HENDERSCHIEDT, ROBERT R  
Address: 111 N. ORLANDO AVE.  
City-St-Zip: WINTER PARK, FL 32879

Title: PD ( ) Delete  
Name: FETTERS, MICHELLE  
Address: 602 COURTLAND ST STE 200  
City-St-Zip: ORLANDO, FL 32804

Title: TD ( ) Delete  
Name: SHAW, TERRY D  
Address: 111 N ORLANDO AVE  
City-St-Zip: WINTER PARK, FL 32789

Title: STD ( ) Delete  
Name: CENTER, RICHARD  
Address: 3978 MEMORIAL DR  
City-St-Zip: DECATUR, GA 30032

Title: TD ( ) Delete  
Name: SKILTON, GARY C  
Address: 111 N ORLANDO AVE  
City-St-Zip: WINTER PARK, FL 32789

Title: PD ( ) Delete  
Name: WERNER, THOMAS L  
Address: 111 N ORLANDO AVE  
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:

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 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: GARY SKILTON

TD

01/12/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date