

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 12, 2006
Secretary of State**

DOCUMENT# N96000005048

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
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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