


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

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

DOCUMENT # N96000005050 1. Entity Name SUNBELT LIVING CENTER/EAST ORLANDO, INC.	
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Principal Place of Business 602 COURTLAND STREET STE 200 ORLANDO, FL 32804	Mailing Address 602 COURTLAND STREET STE 200 ORLANDO, FL 32804
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04212005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3437869	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent TRIMBLE, T.L. 111 NORTH ORLANDO AVENUE WINTER PARK, FL 32789-3675
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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 title 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 NAME STREET ADDRESS CITY - ST - ZIP	PD FETTERS, MICHELLE 602 COURTLAND ST. STE 200 ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CVPD HENDERSCHIEDT, ROBERT R 111 N. ORLANDO AVE. WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SHAW, TERRY D 111 N. ORLANDO AVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CENTER, RICHARD 3978 MEMORIAL DR. DECATUR, GA 30032
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SKILTON, GARY C 111 N. ORLANDO AVE. WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WERNER, THOMAS L 111 N. ORLANDO AVE. WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: Michelle Feters Michelle Feters 4/29/05 407-975-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #