## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business

TITLE

NAME:

STREET ADDRESS

CITY - ST - 7IP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P93000038806	(4)

## COOPER'S ROCKING CHAIR RETIREMENT HOME, INC.

108 COHAS	SSETT AVE ES FL 33853	LAKE WALES FL 3385				
					3. Date Incorporated or Qualified 06/01/1993	3a. Date of Last Report 05/29/1996
2. Princip	at Place of Business	2a. Mailing Address			4. FEI Number	Applied Fo
21		26			59-3186810	Not Applic
Suite, #	Apt. #, etu	Suite, Apt. #, etc.	•	•	5. Certificate of Status Desired	\$8.75 Addition.
City & S	State	City & State		<del></del>	6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	☐ Added to Fees
Zφ	Country	Zip	Cou	intry	8. This corporation has liability for	
24	25	29	30			Yes No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	gistered Agent
	COOPER, JUANITA			<b>81</b> Name	Dorothea Flores	
7	'08 COHASSETT AVE			82 Stree	Address (P.O. Box Number is Not Acceptal	ole)
L	AKE WALES FL 33853				08 Conassett Ave	
				83		
				84 City	· · · · · · · · · · · · · · · · · · ·	85 Zip Code
				Oily	Lake Wales	FL 3385
11. Pursu	ant to the provisions of Sections 607.05	02 and 607.1508, Florida S	tatutes, the a	bove-name	corporation submits this statement for the	ourpose of changing its regist
office agent	or registered agent, or both, in the Star : I am <b>lan</b> viliar with, and accept the obli	te of Florida. Such change v igaliens of, Section 607,050.	was authorize 5. Florida Sta	a by tne co t∪tes.	rporation's board of directors. I hereby acce	pt the appointment as register
SIGNATU	ELMONATTO DA	Flores	.,			4-13-97
SIGNATO	Signature: typied or printed name of registered a	gent and title if applicable	(NOTE: Registere	d Agent signatu	e required when reinstating)	DATE
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12
TITLE	D	<b>⊠</b> _D£LETE	1,1 Ţ	TLE	Juanita Cooper deleted as an in June of 19	Was Change Ad
NAME	COOPER, JUANITA		1.2 N	ame	doloted as an	officer
STREET ADDR			1.3 \$	TREET ADDRESS	In Tune of 19	96
CITY - ST - ZIP	LAKE WALES FL 33853		14.0	ITY-ST-ZIP	/	
TITLE	D	DELETE	21 Ti	TLE		Change Ad
NAME	GREEN, GAIL H		2.2 N	AME		
STREET ADOR	FSS 913 SKYVIEW DR		2.3 \$	TREET ADDRESS		
CITY: ST: ZIP	BRANDON FL 33510		2.40	HTY-ST-ZIP		
TITLE		DELETE	3.1 T	TLE		☐ Change ☐ Ad
NAME			3.2 N	AME	1	
STREET ADDR	ESS		33S	TREET ADDRESS		
CITY S1 - ZIF			3.4. (	CITY-ST-ZIP	1	
TITLE		☐ DELETE				Change Ad
NAME			4.21	IAME		
STREET ADOR	ess {		4.3 S	TREET ADDRESS	-	
CITY-ST-ZIP				ITY-ST-ZIP		
THLE					I .	
		DELETE				Change Ac
		DELETE	5.1 T	TLE		Change Ac
NAME	100	[] DELETE	5.1 T	tle Ame		Change Ac
		DELETE	5.1 T 5.2 N 5.3 S	TLE		Change Ac

14. I do hereby certily 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 T|TLE

6.2 NAME

DELETE

Addition

**FILED** 

Apr 21 1997 8:00am

Secretary of State

0394456