

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Governor's Mansion
Secretary of State
1900 North Florida Avenue
Tallahassee, Florida 32301-0001

95 MAY - 1 11 9: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000075088 (3)**

CHRISTOPHER MANOR OF ST. PETERSBURG, INC.

1. Principal Office Location PO BOX 1670 CLEMMONS NC 27012	2. Mailing Address PO BOX 1670 CLEMMONS NC 27012
21. Principal Office Location 6000 Meadowbrook Mall Clemmons, NC	26. Mailing Address 6000 Meadowbrook Mall Clemmons, NC
22. State of Incorporation 23. City, State Clemmons, NC	27. Mailing City, State Clemmons, NC
24. ZIP Code 27012	25. Country US

3. Date of Report Preparation 10/29/1993	3a. Date of Last Report 05/23/1994
4. FIC Number 59-3215591	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is the corporation liable for a violation of the Florida Statutes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E VIRGINIA ST
SUITE 1
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81. Name
82. Street Address, P.O. Box Number, Not Applicable
83.
84. City, State, ZIP Code
FL 85.

11. I, the undersigned, being the duly authorized officer and agent of Christopher Manor of St. Petersburg, Inc., Florida Statutes, hereby certify that the above named corporation is subject to this statement for the purpose of changing its registered office or registered agent, as both in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with and accept the responsibility of the above information as required by the Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

NAME	P HERZOG, VERN 6000 MARKET SQUARE SUITE 200 CLEMMONS NC 27012
NAME	V COOK, THOMAS 6000 MARKET SQUARE SUITE 200 CLEMMONS NC 27012
NAME	S MICHELOTTI, VALENE 6000 MARKET SQUARE SUITE 200 CLEMMONS NC 27012
NAME	T SWAIN, STEWART 6000 MARKET SQUARE SUITE 200 CLEMMONS NC 27012
NAME	
NAME	
NAME	
NAME	
NAME	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS:

NAME	P Laverne P Herzog 2415 S. Jolissa Trp, Ste A-4 Orange City, FL 32763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V Thomas Cook 6000 Meadowbrook Mall, Ste 200 Clemmons, NC 27012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M. Rebecca Muerchad 6000 Meadowbrook Mall, Ste 200 Clemmons, NC 27012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C J. Stewart Swain 6000 Meadowbrook Mall, Ste 200 Clemmons, NC 27012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, hereby certify that the above named corporation is subject to this statement for the purpose of changing its registered office or registered agent, as both in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with and accept the responsibility of the above information as required by the Florida Statutes.

SIGNATURE: *M. Rebecca Muerchad* 5/1/95 910-712-0444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR