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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000075088 (3)**

1. Corporation Name

CHRISTOPHER MANOR OF ST. PETERSBURG, INC.

Principal Place of Business	Mailing Address
6000 MEADOWBROOK MALL SUITE 200 CLEMMONS NC 27012 US	PO BOX 1670 CLEMMONS NC 27012

3. Date Incorporated or Qualified: **10/29/1993**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-3215591** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

GOETZ, GALEN
2415 SOUTH VOLUSIA AVENUE
SUITE A4
ORANGE CITY FL 32763

10. Name and Address of New Registered Agent

81 Name: Goetz, Galen
82 Street Address (P.O. Box Number is Not Acceptable): 689 Deltona Blvd.
83
84 City: Deltona **FL** 85 Zip Code: 32725

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title, if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	HERZOG, LAVERNE P		1.2 NAME	Herzog, Laverne P.	
STREET ADDRESS	2415 S BOLUSIA AVE., STE A-4		1.3 STREET ADDRESS	689 Deltona Blvd.	
CITY-ST-ZIP	ORANGE CITY FL		1.4 CITY-ST-ZIP	Deltona, FL 32725	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	COOK, THOMAS		2.2 NAME		
STREET ADDRESS	6000 MARKET SQUARE SUITE 200		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEMMONS NC 27012		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MUERCHEW, M. R		3.2 NAME		
STREET ADDRESS	6000 MARKET SQUARE SUITE 200		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEMMONS NC		3.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SWAIN, STEWART		4.2 NAME		
STREET ADDRESS	6000 MARKET SQUARE SUITE 200		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEMMONS NC		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	300001783453	
STREET ADDRESS			6.3 STREET ADDRESS	-04/17/96--01022--012	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***200.00	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Laverne P. Herzog 4/12/96 407-860-0689
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SC 4-16-96