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FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000075088 (3)**

1. Corporation Name

CHRISTOPHER MANOR OF ST. PETERSBURG, INC.

Principal Place of Business

**689 DELTONA BLVD
DELTONA FL 32725
US**

Mailing Address

**689 DELTONA BLVD
DELTONA FL 32725
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1993

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-3215591

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOETZ, GALEN
689 DELTONA BLVD
DELTONA FL 32725**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **HERZOG, LAVERNE P**
STREET ADDRESS **689 DELTONA BLVD**
CITY-ST-ZIP **DELTONA FL 32725**

TITLE **V** ☐ DELETE

NAME **COOK, THOMAS**
STREET ADDRESS **6000 MARKET SQUARE SUITE 200**
CITY-ST-ZIP **CLEMMONS NC 27012**

TITLE **V** ☐ DELETE

NAME **MUENCHOW, M R**
STREET ADDRESS **6000 MARKET SQUARE SUITE 200**
CITY-ST-ZIP **CLEMMONS NC**

TITLE **C** ☐ DELETE

NAME **SWAIN, STEWART**
STREET ADDRESS **6000 MARKET SQUARE SUITE 200**
CITY-ST-ZIP **CLEMMONS NC**

TITLE **S** ☐ DELETE

NAME **HUTCHINS, FAYE J**
STREET ADDRESS **6000 MEADOWBROOK MALL #200**
CITY-ST-ZIP **CLEMMONS NC**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

27012

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

27012

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

27012

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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:

L. P. Herzog

4-12-98

CR2E034 (10/97)