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CORPORATION ANNUAL REPORT

1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 11:15

DOCUMENT # **700111** **(8)**

1. Corporation Name

PRESBYTERIAN RETIREMENT COMMUNITIES, INC.

Principal Place of Business	Mailing Address
50 W LUCERNE CIR MS #104 ORLANDO FL 32801 US	50 W LUCERNE CIR MS #104 ORLANDO FL 32801 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1954
3a. Date of Last Report: 04/01/1994
4. FEI Number: 59-0931267 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
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 50 West Lucerne Circle	26 50 West Lucerne Circle
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Orlando, FL	City & State 28 Orlando, FL
Zip 24 32801 Country 25 US	Zip 29 32801 Country 30 US

9. Name and Address of Current Registered Agent

ANDERSON, RICHARD
1111 SOUTH LAKEMONT AVENUE.,MS104
WINTER PK FL 32792

10. Name and Address of New Registered Agent

81 Name: Keith, Henry T.
82 Street Address (P.O. Box Number is Not Acceptable): 50 West Lucerne Circle
83
84 City: Orlando FL 85 Zip Code: 32801

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: H T K 2/17/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	TOWERS, CHARLES D	12 NAME	White, James E.
STREET ADDRESS	1301 GULF LIFE DRIVE	13 STREET ADDRESS	2238 Cypress Bend Dr.N.,#408
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	POMPANO Beach, FL 33069
TITLE	AS	21 TITLE	☐ Change ☐ Addition
NAME	SMAAGE, DONNA M	22 NAME	
STREET ADDRESS	50 WEST LUCERNE CIRCLE	23 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	BOGNER, JAMES B	32 NAME	
STREET ADDRESS	100 E. ROBINSON STREET	33 STREET ADDRESS	
CITY ST ZIP	ORLANDO, FL 00000	34 CITY-ST ZIP	
TITLE	VT	41 TITLE	T ☒ Change ☐ Addition
NAME	ANDERSON, RICHARD	42 NAME	Keith, Henry T.
STREET ADDRESS	151 N PHELPS AVE	43 STREET ADDRESS	50 West Lucerne Circle
CITY ST ZIP	WINTER PARK FL	44 CITY ST ZIP	Orlando, FL 32801
TITLE	CD	51 TITLE	CD ☒ Change ☐ Addition
NAME	WHITE, JAMES	52 NAME	Gay, William W.
STREET ADDRESS	2231 IMPERIAL POINT DR	53 STREET ADDRESS	524 Stockton Street
CITY ST ZIP	FT. LAUDERDALE FL	54 CITY-ST ZIP	Jacksonville, FL 32204
TITLE	EV	61 TITLE	V ☒ Change ☐ Addition
NAME	EMERSON, JAMES F	62 NAME	Emerson, James F.
STREET ADDRESS	50 WEST LUCERNE CIRCLE	63 STREET ADDRESS	50 West Lucerne Circle
CITY ST ZIP	ORLANDO FL	64 CITY ST ZIP	Orlando, Florida 32801

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donna M. Smaage 2/17/95 407/839-5050
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
Donna M. Smaage, Assistant Secretary

0004003

700111

PRESBYTERIAN RETIREMENT COMMUNITIES

50 West Lucerne Circle Orlando, Florida 32801 (407) 839-5050 Fax (407) 839-0700

March 21, 1995

Martha White, Annual Reports Section
Florida Department of State
Division of Corporations
P. O. Box 1500
Tallahassee, Florida 32302-1500

Dear Ms. White:

Enclosed is the Annual Report along with a check in the **corrected** amount of $70 for the following corporation:

Presbyterian Retirement Communities, Inc. - Reference Number 700111

If you need additional information, please contact me at 407-839-5050.

Sincerely,

Donna M. Smaage

Donna M. Smaage
Assistant Corporate Secretary

:crm

enclosure