


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1997 8:00am
Secretary of State

| | | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 700111 (8) 1. Corporation Name PRESBYTERIAN RETIREMENT COMMUNITIES, INC. | | | |
| Principal Place of Business 50 WEST LUCERNE CIRCLE MS-1104 ORLANDO FL 32801 US | | Mailing Address 50 WEST LUCERNE CIRCLE MS-1104 ORLANDO FL 32801-3740 US | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | |
| 3. Date Incorporated or Qualified 12/31/1954 | | 3a. Date of Last Report 04/09/1996 | |
| 4. FEI Number 59-0931267 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent KEITH, HENRY T. 50 WEST LUCERNE CIRCLE ORLANDO FL 32801 | | 10. Name and Address of New Registered Agent 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes. | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| 12. OFFICERS AND DIRECTORS | | | |
| TITLE | PD | <input type="checkbox"/> DELETE | 1.1 TITLE |
| NAME | WHITE, JAMES E. | | 1.2 NAME |
| STREET ADDRESS | 2238 CYPRESS BEND DR. N., #408 | | 1.3 STREET ADDRESS |
| CITY - ST - ZIP | POMPANO BEACH FL | | 1.4 CITY - ST - ZIP |
| TITLE | AS | <input type="checkbox"/> DELETE | 2.1 TITLE |
| NAME | SMAAGE, DONNA M | | 2.2 NAME |
| STREET ADDRESS | 50 WEST LUCERNE CIRCLE | | 2.3 STREET ADDRESS |
| CITY - ST - ZIP | ORLANDO FL | | 2.4 CITY - ST - ZIP |
| TITLE | SD | <input type="checkbox"/> DELETE | 3.1 TITLE |
| NAME | BOGNER, JAMES B. | | 3.2 NAME |
| STREET ADDRESS | 100 E. ROBINSON STREET | | 3.3 STREET ADDRESS |
| CITY - ST - ZIP | ORLANDO FL | | 3.4 CITY - ST - ZIP |
| TITLE | T | <input type="checkbox"/> DELETE | 4.1 TITLE |
| NAME | KEITH, HENRY T. | | 4.2 NAME |
| STREET ADDRESS | 50 WEST LUCERNE CIRCLE | | 4.3 STREET ADDRESS |
| CITY - ST - ZIP | ORLANDO FL | | 4.4 CITY - ST - ZIP |
| TITLE | CD | <input type="checkbox"/> DELETE | 5.1 TITLE |
| NAME | GAY, WILLIAM W. | | 5.2 NAME |
| STREET ADDRESS | 524 STOCKTON STREET | | 5.3 STREET ADDRESS |
| CITY - ST - ZIP | JACKSONVILLE FL | | 5.4 CITY - ST - ZIP |
| TITLE | V | <input type="checkbox"/> DELETE | 6.1 TITLE |
| NAME | EMERSON, JAMES F. | | 6.2 NAME |
| STREET ADDRESS | 50 WEST LUCERNE CIRCLE | | 6.3 STREET ADDRESS |
| CITY - ST - ZIP | ORLANDO FL | | 6.4 CITY - ST - ZIP |
| 14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. | | | |
| SIGNATURE: <i>[Signature]</i> 4/10/97 407-839-5050 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0015901 | | | |

CP2E037 (9/96)