

FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 700111 (8)**  
1. Corporation Name  
**PRESBYTERIAN RETIREMENT COMMUNITIES, INC.**



Principal Place of Business <b>50 WEST LUCERNE CIRCLE MS #104 ORLANDO FL 32801 US</b>	Mailing Address <b>50 WEST LUCERNE CIRCLE MS #104 ORLANDO FL 32801 US</b>
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2. Principal Place of Business <b>21 80 West Lucerne Circle</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b>	2a. Mailing Address <b>26 80 West Lucerne Circle</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b>
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3. Date Incorporated or Qualified <b>12/31/1954</b>	4. FEI Number <b>59-0931267</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>N/A</b>		

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)**  
**80 West Lucerne Circle**  
**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  **Henry T. Keith, CFO, Treasurer** **4-15-98**  
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	PD	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, JAMES E.	
STREET ADDRESS	2238 CYPRESS BEND DR. N., #408	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SMAAGE, DONNA M	
STREET ADDRESS	50 WEST LUCERNE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BOGNER, JAMES B.	
STREET ADDRESS	100 E. ROBINSON STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KEITH, HENRY T.	
STREET ADDRESS	50 WEST LUCERNE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	GAY, WILLIAM W.	
STREET ADDRESS	524 STOCKTON STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	EMERSON, JAMES F.	
STREET ADDRESS	50 WEST LUCERNE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME	William W. Gay	
1.3 STREET ADDRESS	524 Stockton Street	
1.4 CITY-ST-ZIP	Jacksonville, FL 32204	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	80 West Lucerne Circle	
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	80 West Lucerne Circle	
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	J. Shepard Bryan	
5.3 STREET ADDRESS	1651 Beach Avenue	
5.4 CITY-ST-ZIP	Atlantic Beach, FL 32233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	80 West Lucerne Circle	
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 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** **4/16/98** **407-839-5060**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0015822

CR2E037 (10/97)