

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90087 018 ****70.00

DOCUMENT # 700111

1. Corporation Name

PRESBYTERIAN RETIREMENT COMMUNITIES, INC.

Principal Place of Business

80 WEST LUCERNE CIRCLE
ORLANDO FL 32801-3779
US

Mailing Address

80 WEST LUCERNE CIRCLE
ORLANDO FL 32801-3779
US

413539 - 90087 - 18



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/31/1954

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-0931267

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEITH, HENRY T.
80 W LUCERNE CIR
ORLANDO FL 32801

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

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 P ☐ DELETE

NAME GAY, WILLIAM
STREET ADDRESS 524 STOCKTON ST
CITY-ST-ZIP JACKSONVILLE FL 32204

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 80 West Lucerne Circle
1.4 CITY-ST-ZIP Orlando, FL 32801

TITLE AS ☐ DELETE

NAME SMAAGE, DONNA M
STREET ADDRESS 80 W LUCERNE CIR
CITY-ST-ZIP ORLANDO FL

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 32801

TITLE SD ☐ DELETE

NAME BOGNER, JAMES B.
STREET ADDRESS 100 E. ROBINSON STREET
CITY-ST-ZIP ORLANDO FL

3.1 TITLE ☒ Change ☒ Addition

3.2 NAME
3.3 STREET ADDRESS 80 West Lucerne Circle
3.4 CITY-ST-ZIP Orlando, FL 32801

TITLE T ☐ DELETE

NAME KEITH, HENRY T.
STREET ADDRESS 80 W LUCERNE CIR
CITY-ST-ZIP ORLANDO FL

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 32801

TITLE CD ☐ DELETE

NAME BRYAN, J SHEPARD
STREET ADDRESS 1851 BEACH AVE
CITY-ST-ZIP ATLANTIC BEACH FL 32233

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS 80 West Lucerne Circle
5.4 CITY-ST-ZIP Orlando, FL 32801

TITLE V ☐ DELETE

NAME EMERSON, JAMES F.
STREET ADDRESS 80 W LUCERNE CIR
CITY-ST-ZIP ORLANDO FL

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP 32801

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, with all other like empowered.

SIGNATURE:

Donna M. Smage
SIGNATURE REQUIRED

April 19, 1999 407-839-5050

CR2E037 (1198)