

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709490

Entity Name: FLORIDA LIVING RETIREMENT CENTER, INC.**Current Principal Place of Business:**600 EDGEHILL PLACE
APOPKA, FL 32703**Current Mailing Address:**600 EDGEHILL PLACE
APOPKA, FL 32703 US**FEI Number:** 59-1109797**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PLEASANTS, NANCY
600 EDGEHILL PL
APOPKA, FL 32703 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** NANCY PLEASANTS

06/08/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	MACHADO, ALLAN
Address	1671 PARKGLEN CIRCLE
City-State-Zip:	APOPKA FL 32712

Title	TSVD
Name	RAHMING, ELISA C
Address	207 HERON ST
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	D
Name	MC MILLAN, FRANK
Address	1302 HAMPSHIRE PLACE CIRCLE
City-State-Zip:	ALTMARONTE SPRINGS FL 32714

Title	D
Name	PLEASANTS, NANCY
Address	600 EDGEHILL PLACE
City-State-Zip:	APOPKA FL 32703

Title	DIRECTOR
Name	BOND, PHILIP J
Address	1428 PALM DRIVE
City-State-Zip:	APOPKA FL 32703

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NANCY PLEASANTS**ADMINISTRATOR**

06/08/2020

Electronic Signature of Signing Officer/Director Detail

Date