

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 709878

**FILED**  
**Sep 18, 2015**  
**Secretary of State**  
**CC8036526482**

**Entity Name:** EDWARD WATERS COLLEGE SENIOR CITIZENS HOME, INC.

**Current Principal Place of Business:**

1850 KINGS ROAD  
JACKSONVILLE, FL 32209

**Current Mailing Address:**

1850 KINGS ROAD  
JACKSONVILLE, FL 32209

**FEI Number:** 59-1258866

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RICHARDSON, ADAM J JR.  
1850 KINGS ROAD  
JACKSONVILLE, FL 32209 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:** ADAM J. RICHARDSON, JR.

09/18/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name RICHARDSON, ADAM J JR.  
Address 1850 KINGS ROAD  
City-State-Zip: JACKSONVILLE FL 32209

Title S/T  
Name PARKER, AVA  
Address 1850 KINGS ROAD  
City-State-Zip: JACKSONVILLE FL 32209

Title D  
Name PRIER, PAMELA  
Address 1850 KINGS ROAD  
City-State-Zip: JACKSONVILLE FL 32209

Title D  
Name GIBBS, CRAIG  
Address 1850 KINGS ROAD  
City-State-Zip: JACKSONVILLE FL 32209

Title D  
Name RICHARDSON, F D JR.  
Address 1850 KINGS ROAD  
City-State-Zip: JACKSONVILLE FL 32209

Title D  
Name RUTLAND, AL  
Address 1850 KINGS ROAD  
City-State-Zip: JACKSONVILLE FL 32209

Title D  
Name BLACK, JIM  
Address 1850 KINGS ROAD  
City-State-Zip: JACKSONVILLE FL 32209

*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:** RICHARDSON , ADAM , J , JR.

**PRESIDENT**

09/18/2015

Electronic Signature of Signing Officer/Director Detail

Date