

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 709878

**Entity Name:** CAMPUS TOWERS SENIOR LIVING, INC.

**Current Principal Place of Business:**

1850 KINGS ROAD  
JACKSONVILLE, FL 32209

**Current Mailing Address:**

1850 KINGS ROAD  
JACKSONVILLE, FL 32209 US

**FEI Number:** 59-1258866

**Certificate of Status Desired:** No

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

EZELL LAW FIRM, P.A.  
C/O BRENDA EZELL  
3560 CARDINAL POINT DR., SUITE 202  
JACKSONVILLE, FL 32257 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RICHARDSON, BISHOP ADAM  
Address        1850 KINGS ROAD  
City-State-Zip: JACKSONVILLE FL 32209

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

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

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

Title            DIRECTOR  
Name            MOORE, JOHNNETTA  
Address        1850 KINGS ROAD  
City-State-Zip: JACKSONVILLE FL 32209

Title            DIRECTOR  
Name            SCOTT, KIM  
Address        1850 KINGS ROAD  
City-State-Zip: JACKSONVILLE FL 32209

Title            DIRECTOR  
Name            RICHARDSON, CONNIE  
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:** BISHOP ADAM J. RICHARDSON

**PRESIDENT**

**02/20/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date