

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **702277** (5)

95 APR -5 PM 3:58

1. Corporation Name
THE ALLIANCE COMMUNITY FOR RETIREMENT LIVING, IN C.

Principal Place of Business Mailing Address
600 SOUTH FLORIDA AVE DELAND FL 32720 **600 SOUTH FLORIDA AVE DELAND FL 32720**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/13/1961** 3a. Date of Last Report **03/16/1994**
4. FEI Number **59-0817603** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**SWARTZ, JOSEPH J.
600 S. FLORIDA AVE.
DELAND FL 32720**

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	CD
NAME	FEATHER, MERLIN C.
STREET ADDRESS	4748 TRUSCOTT RD
CITY - ST - ZIP	CHARLOTTE NC
TITLE	VD
NAME	DYS, PETER
STREET ADDRESS	15000 SHELL POINT BLVD
CITY - ST - ZIP	FT MYERS FL
TITLE	STD
NAME	FOWLER, JERRY J.
STREET ADDRESS	3609 BRIARCLIFF RD NE
CITY - ST - ZIP	ATLANTA GA
TITLE	D
NAME	O'FARRELL, MARK
STREET ADDRESS	4110 S GOLDENROD RD
CITY - ST - ZIP	ORLANDO FL
TITLE	D
NAME	BERSCHE, JOSEPH
STREET ADDRESS	800 N LAKESHORE DR. 17K
CITY - ST - ZIP	CHICAGO IL
TITLE	D
NAME	GRUBBS, FRANCIS D
STREET ADDRESS	HC 55 BOX 182
CITY - ST - ZIP	HARRISBURG NE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Thomas M. Copanas
1.3 STREET ADDRESS	5031 Chatham Valley
1.4 CITY - ST - ZIP	Toledo, Ohio 43615
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	James A. Davey
2.3 STREET ADDRESS	15000 Shell Point Blvd.
2.4 CITY - ST - ZIP	Ft. Myers, FL 33908
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Merlin C. Feather* **Merlin C. Feather** 2/24/95 (704) 543-0470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Anytime After 4)