

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 702277 (5)  
1. Corporation Name  
**THE ALLIANCE COMMUNITY FOR RETIREMENT LIVING, INC.**



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

3. Date Incorporated or Qualified 04/13/1961 3a. Date of Last Report 04/05/1995  
4. FEI Number 59-0817603 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD NAME FEATHER, MERLIN C STREET ADDRESS 5761 NE 19TH AVENUE CITY-ST-ZIP FT. LAUDERDALE FL 33308	<input type="checkbox"/> DELETE	1 1 TITLE CD 1 2 NAME FEATHER, MERLIN C. 1 3 STREET ADDRESS 4746 TRUSCOTT ROAD 1 4 CITY-ST-ZIP CHARLOTTE, NC 28226-3251	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME DYS, PETER STREET ADDRESS 15000 SHELL POINT BLVD CITY-ST-ZIP FT MYERS FL 33908	<input type="checkbox"/> DELETE	2 1 TITLE D 2 2 NAME MARK O'FARRELL 2 3 STREET ADDRESS 4110 S. GOLDENROD RD. 2 4 CITY-ST-ZIP ORLANDO, FL 32822	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE STD NAME FOWLER, J J STREET ADDRESS 6292 LAWRENCEVILLE HWY #BV CITY-ST-ZIP TUCKER GA 30084	<input type="checkbox"/> DELETE	3 1 TITLE D 3 2 NAME JAMES A. DAVEY 3 3 STREET ADDRESS 15000 SHELL POINT BLVD. 3 4 CITY-ST-ZIP FT. MYERS, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME BERSCHE, JOSEPH STREET ADDRESS 860 N. LAKESHORE DR. 17K CITY-ST-ZIP CHICAGO IL 60611	<input type="checkbox"/> DELETE	4 1 TITLE D 4 2 NAME JOSEPH BERSCHE 4 3 STREET ADDRESS 9 MICHIGAN AVENUE 4 4 CITY-ST-ZIP VERMILION, OHIO 44089	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME GRUBBS, FRANCIS STREET ADDRESS HC 55 BOX 182 CITY-ST-ZIP HARRISBURG NE 69345	<input type="checkbox"/> DELETE	5 1 TITLE D 5 2 NAME THOMAS M. COPANAS 5 3 STREET ADDRESS 5031 CHATHAM VALLEY 5 4 CITY-ST-ZIP TOLEDO, OHIO 43615	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME ARNOLD, HARRY STREET ADDRESS PO BOX 720430 CITY-ST-ZIP ORLANDO FL 32872-0430	<input checked="" type="checkbox"/> DELETE	6 1 TITLE D 6 2 NAME DUANE WHEELAND 6 3 STREET ADDRESS 8595 EXPLORER DRIVE 6 4 CITY-ST-ZIP COLORADO SPRINGS, CO 80920	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 119.07(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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph J. Swartz January 15, 1996 (904) 734-3481  
Joseph J. Swartz Date Daytime Phone #

CR2E037 (12/95)