

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702277

1. Corporation Name

THE ALLIANCE COMMUNITY FOR RETIREMENT LIVING, INC.

Principal Place of Business
600 SOUTH FLORIDA AVENUE
DELAND FL 32720

Mailing Address
600 SOUTH FLORIDA AVENUE
DELAND FL 32720



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/13/1961	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0817603	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SWARTZ, JOSEPH J 600 S. FLORIDA AVE. DELAND FL 32720				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input type="checkbox"/> DELETE		1.1 TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FEATHER, MERLIN C			1.2 NAME	ARNOLD, RICHARD L.		
STREET ADDRESS	4746 TRUSCOTT RD.			1.3 STREET ADDRESS	15475 GLENEAGLE DRIVE		
CITY-ST-ZIP	CHARLOTTE NC			1.4 CITY-ST-ZIP	COLORADO SPRINGS, CO 80921		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DYS, PETER			2.2 NAME	MINTER, STEVEN L.		
STREET ADDRESS	15000 SHELL POINT BLVD			2.3 STREET ADDRESS	249 S. NEWTOWN ROAD		
CITY-ST-ZIP	FT MYERS FL 33908			2.4 CITY-ST-ZIP	NORFOLK, VA 23502		
TITLE	STD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DAVEY, JAMES A.			3.2 NAME	CATHEY, DR. GORDON		
STREET ADDRESS	15000 SHELL POINT BLVD.			3.3 STREET ADDRESS	1121 WINDMILL LANE		
CITY-ST-ZIP	FT. MYERS FL 33908			3.4 CITY-ST-ZIP	SILVER SPRING, MD 20905		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	O'FARRELL, MARK			4.2 NAME	DUSS, DONNA J.		
STREET ADDRESS	4110 SOUTH GOLDENROD ROAD			4.3 STREET ADDRESS	501 SLATERS LANE, UNIT 514		
CITY-ST-ZIP	ORLANDO FL 32872			4.4 CITY-ST-ZIP	ALEXANDRIA, VA 22314		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHEELAND, DUANE			5.2 NAME			
STREET ADDRESS	8595 EXPLORER DRIVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	COLORADO SPRINGS CO 80920			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STONE, GEORGE			6.2 NAME			
STREET ADDRESS	107 HIGHLAND STREET			6.3 STREET ADDRESS			
CITY-ST-ZIP	ORANGE CITY FL 32763			6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Peter Dys
PETER DYS

January 7, 1999 904-734-1461

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CR2F037 (11/98)