

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 10, 2004
Secretary of State**

DOCUMENT# 702277

Entity Name: THE ALLIANCE COMMUNITY FOR RETIREMENT LIVING, INC.

Current Principal Place of Business:

600 SOUTH FLORIDA AVENUE
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

600 SOUTH FLORIDA AVENUE
DELAND, FL 32720

New Mailing Address:

FEI Number: 59-0817603 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANDERSON, WILLIAM A
600 S. FLORIDA AVE.
DELAND, FL 32720 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: DUSS, DONNA J
Address: 5608 GOVERNOR'S PD. CIR
City-St-Zip: ALEXANDRIA, VA 22310

Title: VD () Delete
Name: DYS, PETER
Address: 15000 SHELL POINT BLVD
City-St-Zip: FT MYERS, FL 33908

Title: TD () Delete
Name: ARNOLD, RICHARD L
Address: 15475 GLENEAGLE DRIVE
City-St-Zip: COLORADO SPRINGS, CO 80921

Title: D () Delete
Name: O'FARRELL, MARK
Address: 4110 SOUTH GOLDENROD ROAD
City-St-Zip: ORLANDO, FL 32872

Title: SD () Delete
Name: MINTER, STEVEN L
Address: 4775 RIDGE RD.
City-St-Zip: SUFFOLK, VA 23435

Title: D () Delete
Name: CATHEY, GORDON DR
Address: 1121 WINDMILL LANE
City-St-Zip: SILVER SPRINGS, MD 20905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: MINTER, STEVEN L
Address: 4775 BRIDGE RD.
City-St-Zip: SUFFOLK, VA 23435

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: PETER DYS

VD

03/10/2004

Electronic Signature of Signing Officer or Director

Date

DR. JAMES GLENN DIRECTOR
3705 BUTTONWOOD DR.
TITUSVILLE, FL 32780

DR. JAMES GLENN DIRECTOR
3705 BUTTONWOOD DR.
TITUSVILLE, FL 32780