

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702277

FILED
Mar 19, 2009
Secretary of State

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 ()

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: SCOTT, R. MIKE
Address: 2525 N. 117TH AVENUE
City-St-Zip: OMAHA, NE 68164

Title: D () Delete
Name: HUGHES, CHARLES
Address: P.O. BOX 720430
City-St-Zip: ORLANDO, FL 32872

Title: SD () Delete
Name: CASS, PAUL
Address: 101 EAST STATE STREET
City-St-Zip: KENNETT SQUARE, PA 19348

Title: D () Delete
Name: CATHEY, GORDON DR
Address: 2900 LUCINA COURT
City-St-Zip: FORT MYERS, FL 33908

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:

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Address:
City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WILLIAM ANDERSON

CEO

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date