

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004683

FILED
Feb 08, 2007
Secretary of State

Entity Name: ADOPT A NURSING HOME AND ASSISTED LIVING FACILITIES, INC.

Current Principal Place of Business:

233 MAGNOLIA RUN
LAKE ALFRED, FL 33850

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 355
LAKE ALFRED, FL 338500355

New Mailing Address:

FEI Number: 20-1107202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUDSON, NELSON
35 CREEK CIRCLE
LAKE ALFRED, FL 33850 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: PD () Delete
Name: SCHILLING, BRUCE C
Address: 233 MAGNOLIA RUN
City-St-Zip: LAKE ALFRED, FL 33850

Title: VPD () Delete
Name: GLENDA, ALDRIDGE L
Address: 312 KENTUCKY STREET
City-St-Zip: HAINES CITY, FL 33844

Title: SD () Delete
Name: HUDSON, JUNE
Address: 35 CREEK CIRCLE
City-St-Zip: LAKE ALFRED, FL 33850

Title: TD () Delete
Name: SCHILLING, PAULETTE M
Address: 233 MAGNOLIA RUN
City-St-Zip: LAKE ALFRED, FL 33850

Title: D () Delete
Name: SEWELL, DEANE
Address: 1488 AVENUE 1 SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: () Delete
Name:
Address:
City-St-Zip:

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

Title: D () Change (X) Addition
Name: KARIN, NELSON
Address: 112 AVENUE E SW
City-St-Zip: WINTER HAVEN, FL 33883 US

I hereby certify that the information supplied with this filing does not qualify for the 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: PAULETTE M. SCHILLING

TD

02/08/2007

Electronic Signature of Signing Officer or Director

Date