

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702277

**FILED**  
**Apr 20, 2023**  
**Secretary of State**  
**9353674041CC**

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

**Current Principal Place of Business:**

600 SOUTH FLORIDA AVENUE  
DELAND, FL 32720

**Current Mailing Address:**

600 SOUTH FLORIDA AVENUE  
DELAND, FL 32720

**FEI Number:** 59-0817603

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title CHAIRMAN  
Name DUSS, DONNA J  
Address 15000 SHELL POINT BLVD  
City-State-Zip: FORT MYERS FL 33908

Title VC  
Name SCHAPPELL, MARTIN  
Address 15000 SHELL POINT BLVD  
City-State-Zip: FT MYERS FL 33908

Title TREASURER  
Name CHRISTMAN, CHANLEY  
Address 15000 SHELL POINT BLVD  
City-State-Zip: FORT MYERS FL 33908

Title SECRETARY  
Name CASS, PAUL  
Address 15000 SHELL POINT BLVD  
City-State-Zip: FORT MYERS FL 33908

Title DIRECTOR  
Name DAVIDSON, JOHN W  
Address 15000 SHELL POINT BLVD  
City-State-Zip: FORT MYERS FL 33908

Title DIRECTOR  
Name WHITE, ARCHIE  
Address 15000 SHELL POINT BLVD  
City-State-Zip: FORT MYERS FL 33908

Title CEO  
Name ANDERSON, WILLIAM A  
Address 600 SOUTH FLORIDA AVENUE  
City-State-Zip: DELAND FL 32720

Title CFO, ASST. TREASURER  
Name RAINEY, BURKE  
Address 15000 SHELL POINT BLVD  
City-State-Zip: FT MYERS FL 33908

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** BURKE RAINEY

**CFO / ASSISTANT  
TREASURER**

**04/20/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name DYS, JEREMY ESQ.  
Address 15000 SHELL POINT BLVD  
City-State-Zip: FORT MYERS FL 33908

Title DIRECTOR  
Name COOK, NANCY  
Address 15000 SHELL POINT BLVD  
City-State-Zip: FORT MYERS FL 33908

Title DIRECTOR  
Name FLANDERS, TOM REV  
Address 15000 SHELL POINT BLVD  
City-State-Zip: FORT MYERS FL 33908