

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702277

**FILED**  
**Jan 19, 2017**  
**Secretary of State**  
**CC7545124333**

**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:** Yes

**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 CD  
Name DUSS, DONNA J  
Address 5608 GOVERNOR'S PD. CIR  
City-State-Zip: ALEXANDRIA VA 22310

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

Title TD  
Name SCOTT, R. MIKE  
Address 1182 GINGER CIRCLE  
City-State-Zip: WESTON FL 33326

Title D  
Name HUGHES, CHARLES  
Address P.O. BOX 720430  
City-State-Zip: ORLANDO FL 32872

Title SD  
Name CASS, PAUL  
Address 201 WANDO WAY  
City-State-Zip: GREER SC 29650

Title D  
Name MINTER, STEVEN  
Address 4132 DUKE DRIVE  
City-State-Zip: PORTSMOUTH VA 23703

Title DIRECTOR  
Name DAVIDSON, JOHN W  
Address 128 WESTRIDGE COURT  
City-State-Zip: CHAPIN SC 29036

Title DIRECTOR  
Name WHITE, ARCHIE  
Address 2435 PETERSON RD  
City-State-Zip: LAKELAND FL 33812

**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:** WILLIAM ANDERSON

**CEO**

**01/19/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title CFO  
Name LOCHRIDGE, TIM  
Address 15000 SHELL POINT BLVD  
City-State-Zip: FT MYERS FL 33908