

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702277

FILED
Jan 28, 2014
Secretary of State
CC4887636977

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 DYS, PETER
Address 15000 SHELL POINT BLVD
City-State-Zip: FT MYERS FL 33908

Title TD
Name SCOTT, R. MIKE
Address 2525 N. 117TH AVENUE
City-State-Zip: OMAHA NE 68164

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

Title SD
Name CASS, PAUL
Address 101 EAST STATE STREET
City-State-Zip: KENNETT SQUARE PA 19348

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

Title DIRECTOR
Name EASTMAN, RONALD E
Address 1200 MISTLETOE CT
City-State-Zip: MARCO ISLAND FL 34145

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

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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

01/28/2014

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