2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2015
Secretary of State
CC4006708097

DOCUMENT# 702277

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

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

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

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

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

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

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 01/22/2015

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