

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008840

**FILED**  
**Mar 11, 2021**  
**Secretary of State**  
**8294365030CC**

**Entity Name:** FLORIDA ASSISTED LIVING AFFILIATION, INC.

**Current Principal Place of Business:**

1618 MAHAN CENTER BLVD  
SUITE 103  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

1618 MAHAN CENTER BLVD.  
SUITE 103  
TALLAHASSEE, FL 32308 US

**FEI Number:** 01-0549750

**Certificate of Status Desired:** Yes

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

CATOE, VERONICA JEANNE  
1618 MAHAN CENTER BLVD  
SUITE 103  
TALLAHASSEE, FL 32308 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:** VERONICA J CATOE

03/11/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name DAMIANI, DONNA  
Address 1618 MAHAN CENTER BLVD  
SUITE 103  
City-State-Zip: TALLAHASSEE FL 32308

Title VC  
Name SPRUILL, MONIQUE  
Address 1618 MAHAN CENTER BLVD  
SUITE 103  
City-State-Zip: TALLAHASSEE FL 32308

Title CEO  
Name CATOE, VERONICA JEANNE  
Address 1618 MAHAN CENTER BLVD  
SUITE 103  
City-State-Zip: TALLAHASSEE FL 32308

Title SECRETARY  
Name MOBLEY, SHELIA  
Address 1618 MAHAN CENTER BLVD  
SUITE 103  
City-State-Zip: TALLAHASSEE FL 32308

Title TREASURER  
Name OSTEEN, TERRI  
Address 1618 MAHAN CENTER BLVD  
SUITE 103  
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR, REGIONAL SW  
Name MORROW, LUAN  
Address 1618 MAHAN CENTER BLVD  
SUITE 103  
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR, REGIONAL SE  
Name THWEATT, LISA  
Address 1618 MAHAN CENTER BLVD  
SUITE 103  
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR, REGIONAL NE  
Name CARLYLE, TINA  
Address 1618 MAHAN CENTER BLVD  
SUITE 103  
City-State-Zip: TALLAHASSEE FL 32308

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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:** VERONICA J CATOE

CEO

03/11/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR, REGIONAL NW  
Name            ACUFF, DAVID  
Address        1618 MAHAN CENTER BLVD  
                 SUITE 103  
City-State-Zip: TALLAHASSEE FL 32308

Title            DIRECTOR, REGIONAL WC  
Name            BRYANT, KWANZA  
Address        1618 MAHAN CENTER BLVD  
                 SUITE 103  
City-State-Zip: TALLAHASSEE FL 32308