

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008840

FILED
Jan 13, 2017
Secretary of State
CC7560085413

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: No

Name and Address of Current Registered Agent:

HASTON, SHADDRICK
2447 MILLCREEK COURT
SUITE 3
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: SHADDRICK HASTON

01/13/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name KLINOWSKI, DOUGLAS
Address 1618 MAHAN CENTER BLVD
SUITE 103
City-State-Zip: TALLAHASSEE FL 32308

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

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

Title CEO
Name HASTON, SHADDRICK
Address 1618 MAHAN CENTER BLVD
SUITE 103
City-State-Zip: TALLAHASSEE FL 32308

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: SHADDRICK HASTON

CEO

01/13/2017

Electronic Signature of Signing Officer/Director Detail

Date