

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702277

FILED  
Jan 21, 2008  
Secretary of State

**Entity Name:** THE ALLIANCE COMMUNITY FOR RETIREMENT LIVING, INC.

**Current Principal Place of Business:**

600 SOUTH FLORIDA AVENUE  
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

600 SOUTH FLORIDA AVENUE  
DELAND, FL 32720

**New Mailing Address:**

**FEI Number:** 59-0817603

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ANDERSON, WILLIAM A  
600 S. FLORIDA AVE.  
DELAND, FL 32720 US

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

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

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: DUSS, DONNA J  
Address: 5608 GOVERNOR'S PD. CIR  
City-St-Zip: ALEXANDRIA, VA 22310

Title: VD ( ) Delete  
Name: DYS, PETER  
Address: 15000 SHELL POINT BLVD  
City-St-Zip: FT MYERS, FL 33908

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

Title: D ( ) Delete  
Name: HUGHES, CHARLES  
Address: P.O. BOX 720430  
City-St-Zip: ORLANDO, FL 32872

Title: SD ( ) Delete  
Name: MINTER, STEVEN L  
Address: 861 GLENROCK ROAD, SUITE 102  
City-St-Zip: NORFOLK, VA 23502

Title: D ( ) Delete  
Name: CATHEY, GORDON DR  
Address: 2900 LUCINA COURT  
City-St-Zip: FORT MYERS, FL 33908

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM ANDERSON

CEO

01/21/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date