

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727988

FILED
Apr 15, 2009
Secretary of State

Entity Name: ALANO HOUSE, INC. OF FT. WALTON BEACH

Current Principal Place of Business:

52 N BEAL PKWY
POB 4243
FT WALTON BCH, FL 32549

New Principal Place of Business:

52 N BEAL PKWY
FT WALTON BCH, FL 32549

Current Mailing Address:

52 N BEAL PKWY
POB 4243
FT WALTON BCH, FL 32549

New Mailing Address:

PO BOX 4243
FT WALTON BCH, FL 32549

FEI Number: 59-2839950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLEN, VERN
100 MARKELLA ROAD
FT. WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

WALSH, TIMOTHY S
107 GREGORY AVE. NW
FT. WALTON BEACH, FL 32548 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: TIMOTHY S. WALSH

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KELLEN, VERN
Address: 100 N. MARKELLA RD
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VD () Delete
Name: DAVIS, WADELL
Address: 80 8TH ST
City-St-Zip: SHALIMAR, FL 32579

Title: S () Delete
Name: MOORHEAD, JAMES
Address: 24 HEMLOCK DR NW
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: T (X) Delete
Name: FULLER, JOSEPH J
Address: 129 PERDIDO CIR
City-St-Zip: NICEVILLE, FL 32578

Title: D (X) Delete
Name: CYR, CAROL
Address: 301 LEAH MILLER DR NW
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D (X) Delete
Name: WALSH, TIM
Address: 107 GREGORY AVE NW
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WALSH, TIMOTHY S
Address: 107 GREGORY AVE. NW
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VP (X) Change () Addition
Name: CARMODY, MICHAEL A
Address: 3023 RIVER RD.
City-St-Zip: NAVARRE, FL 32566

Title: T (X) Change () Addition
Name: MUNRO, JOHN
Address: 92 CATAMARAN LANE
City-St-Zip: SHALIMAR, FL 32579

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: TIMOTHY S. WALSH

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date