

03021999-90138-001-\$70.00-\$70.00

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**

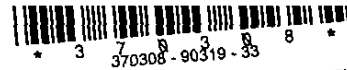

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90138 001 ****70.00

DOCUMENT # 840313

Corporation Name

ACTS RETIREMENT-LIFE COMMUNITIES, INC.

Principal Place of Business

MORRIS ROAD, PO BOX 90
POINT PA 19486

Mailing Address

375 MORRIS ROAD, PO BOX 90
WEST POINT PA 19486

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/29/1978	
Suite, Apt. #, etc.		2b. Suite, Apt. #, etc.		4. FEI Number 23-1900132	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEARLSTINE, JULES
1900 CORPORATE BLVD, N.W.
SUITE 301, WEST BUILDING
BOCA RATON FL 33431

81 Name **Daniel H. Irwin**
82 Street Address (P.O. Box Number is Not Acceptable)
ACTS, Inc. 6901 SW 18th Street
83 Suite 301
84 City **Boca Raton** FL 85 Zip Code **33433**

1. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Daniel H. Irwin DANIEL H. IRWIN 4/6/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEAPS, MARVIN D	1.2 NAME	
STREET ADDRESS	301 ELM AVENUE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	SWARTHMORE PA 19081	1.4 CITY-STATE-ZIP	
TITLE	DPCO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASHNER, MARVIN	2.2 NAME	
STREET ADDRESS	375 MORRIS ROAD	2.3 STREET ADDRESS	
CITY-STATE-ZIP	WEST POINT PA	2.4 CITY-STATE-ZIP	
TITLE	VDCD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUNN, GEORGE R JR	3.2 NAME	
STREET ADDRESS	375 MORRIS RD	3.3 STREET ADDRESS	
CITY-STATE-ZIP	WEST POINT PA	3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/99
Date

215-661-8330
Daytime Phone #

CR2E037 (11/98)