2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State
05-17-2002 90015 005 ****61.25

DOCUMENT # 840313

1. Entity Name

ACTS RETIREMENT-LIFE COMMUNITIES, INC.

Principal Place of Business	Mailing Address
375 MORRIS ROAD. PO BOX 90 WEST POINT PA 19486	375 MORRIS ROAD. PO BOX 90 WEST POINT PA 19486

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 23-1900132 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
IRWIN, DANIEL H ACTS, INC. 6901 SW 18TH STREET, SUITE 301 BOCA RATON FL 33433	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 Daniel H. Irwin SNP SO. DIV. (DANIEL H. IRWIN) 2/8/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD HEAPS, MARVIN D 301 ELM AVENUE SWARTHMORE PA 19081	☐ Delete	CD Heaps, Marvin D. 375 Morris Road, West Point, PA 19486	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPCO MASHNER, MARVIN 375 MORRIS ROAD WEST POINT PA	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCDC GUNN, GEORGE R JR 375 MORRIS RD WEST POINT PA	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT DAVIS, DONALD 375 MORRIS ROAD WEST POINT PA 19486	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS STAMBAUGH, STEWART 375 MORRIS ROAD WEST POINT PA 19486	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel H. Irwin SIGNATURE REQUIRED SNP SO. DIV. (DANIEL H. IRWIN) 2/8/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Executive Secretary, Vice Chairman CEO 4/23/02 — 561-362-8377
Daytime Phone #