

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90246 012 ****61.25

DOCUMENT # 840313

1. Entity Name
ACTS RETIREMENT-LIFE COMMUNITIES, INC.



Principal Place of Business
**375 MORRIS ROAD, PO BOX 90
WEST POINT, PA 19486**

Mailing Address
**375 MORRIS ROAD, PO BOX 90
WEST POINT, PA 19486**

94061839



04132004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

**IRWIN, DANIEL H
ACTS, INC.
6901 SW 18TH STREET, SUITE 301
BOCA RATON, FL 33433**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	HEAPS, MARVIN D
STREET ADDRESS	375 MORRIS RD
CITY-ST-ZIP	WEST POINT, PA 19486
TITLE	DPCO
NAME	MASHNER, MARVIN
STREET ADDRESS	375 MORRIS ROAD
CITY-ST-ZIP	WEST POINT, PA
TITLE	VCDC
NAME	GUNN, GEORGE R JR
STREET ADDRESS	375 MORRIS RD
CITY-ST-ZIP	WEST POINT, PA
TITLE	DT
NAME	DAVIS, DONALD
STREET ADDRESS	375 MORRIS ROAD
CITY-ST-ZIP	WEST POINT, PA 19486
TITLE	DS
NAME	STAMBAUGH, STEWART
STREET ADDRESS	375 MORRIS ROAD
CITY-ST-ZIP	WEST POINT, PA 19486
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04 215-661-8330
Date Daytime Phone #