2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005
Secretary of State

DOCUMENT# 840313

Entity Name: ACTS RETIREMENT-LIFE COMMUNITIES, INC.

Current Principal Place of Business:

375 MORRIS ROAD, PO BOX 90
WEST POINT, PA 19486

New Principal Place of Business:

Current Mailing Address:

375 MORRIS ROAD, PO BOX 90
WEST POINT, PA 19486

New Mailing Address:

FEI Number: 23-1900132 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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:	HEAPS, MARVIN D	
Address:	375 MORRIS RD	
City-St-Zip:	WEST POINT, PA 19486	
Title:	DPCO	( ) Delete
Name:	MASHNER, MARVIN	
Address:	375 MORRIS ROAD	
City-St-Zip:	WEST POINT, PA	
Title:	VCDC	(X) Delete
Name:	GUNN, GEORGE R JR	
Address:	375 MORRIS RD	
City-St-Zip:	WEST POINT, PA	
Title:	DT	( ) Delete
Name:	DAVIS, DONALD	
Address:	375 MORRIS ROAD	
City-St-Zip:	WEST POINT, PA 19486	
Title:	DS	( ) Delete
Name:	STAMBAUGH, STEWART	
Address:	375 MORRIS ROAD	
City-St-Zip:	WEST POINT, PA 19486	

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:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARVIN MASHNER DPCO 01/13/2005

Electronic Signature of Signing Officer or Director — Date