

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 28, 2007
Secretary of State

DOCUMENT# 840313

Entity Name: ACTS RETIREMENT-LIFE COMMUNITIES, INC.**Current Principal Place of Business:**375 MORRIS ROAD
WEST POINT, PA 194860090**New Principal Place of Business:****Current Mailing Address:**375 MORRIS ROAD, PO BOX 90
WEST POINT, PA 194860090**New Mailing Address:****FEI Number:** 23-1900132**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**IRWIN, DANIEL H
7700 WEST CAMINO REAL BLVD
SUITE #300
BOCA RATON, FL 33433 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 194860090**Title:** CEO () Delete
Name: MASHNER, MARVIN
Address: 375 MORRIS ROAD
City-St-Zip: WEST POINT, PA 194860090**Title:** DT () Delete
Name: DAVIS, DONALD
Address: 375 MORRIS ROAD
City-St-Zip: WEST POINT, PA 194860090**Title:** DS () Delete
Name: STAMBAUGH, STEWART
Address: 375 MORRIS ROAD
City-St-Zip: WEST POINT, PA 194860090**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:** DS (X) Change () Addition
Name: YONKER, TITUS W
Address: 375 MORRIS ROAD
City-St-Zip: WEST POINT, PA 194860090

I hereby certify that the information supplied with this filing does not qualify for the 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: KAREN L. RUSSELL

MGR

03/28/2007

Electronic Signature of Signing Officer or Director

Date