

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 840313

FILED  
Apr 01, 2009  
Secretary of State

**Entity Name:** ACTS RETIREMENT-LIFE COMMUNITIES, INC.

**Current Principal Place of Business:**

375 MORRIS ROAD  
WEST POINT, PA 194860090 US

**New Principal Place of Business:**

**Current Mailing Address:**

375 MORRIS ROAD, PO BOX 90  
WEST POINT, PA 194860090 US

**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:**

COXSON, CHARLES W III  
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: D/C ( ) Delete  
Name: DAVIS, DONALD  
Address: 375 MORRIS RD.  
City-St-Zip: WEST POINT, PA 19486 US

Title: D/P ( ) Delete  
Name: MASHNER, MARVIN  
Address: 375 MORRIS ROAD  
City-St-Zip: WEST POINT, PA 194860090 US

Title: DT ( ) Delete  
Name: MOYER, MERRILL  
Address: 375 MORRIS RD.  
City-St-Zip: WEST POINT, PA 19486 US

Title: DS ( ) Delete  
Name: YONKER, TITUS W  
Address: 375 MORRIS ROAD  
City-St-Zip: WEST POINT, PA 194860090 US

**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:

I hereby certify that the information supplied with this filing does not qualify 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: MARVIN MASHNER

PRES

04/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date