

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 840313

FILED
Jan 17, 2011
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 (X)

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
Name: DAVIS, DONALD L
Address: 375 MORRIS RD.
City-St-Zip: WEST POINT, PA 19486 US

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

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

Title: DS
Name: GERNER, ELRIC C
Address: 375 MORRIS ROAD
City-St-Zip: WEST POINT, PA 19486 US

Title: VCHR
Name: DUNN, THOMAS A III
Address: 375 MORRIS ROAD
City-St-Zip: WEST POINT, PA 19486

Title: AST
Name: GRANT, GERALD T
Address: 375 MORRIS ROAD
City-St-Zip: WEST POINT, PA 19486

I hereby 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 all other like empowered.

SIGNATURE: MARVIN MASHNER

PRES

01/17/2011

Electronic Signature of Signing Officer or Director

Date