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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000000294 (8)**

1. Corporation Name

AFFORDABLE LIVING CHOICES, INC.

Principal Place of Business

Mailing Address

**% DAC MEMORIAL FOUNDATION
7200 POWERS AVE.
JACKSONVILLE FL 32217**

**28779 WILD COFFEE COURT
BONITA SPGS FL 34135
US**

2. Principal Place of Business

2a. Mailing Address

21 28779 WILD COFFEE COURT

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 BONITA SPRINGS, FL

28

Zip

Country

Zip

Country

24 34135

25

USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **SCHAEFFER, NEIL**
STREET ADDRESS **5783 KUGLER MILL RD.**
CITY-ST-ZIP **CINCINNATI OH 45236**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **SCHAEFFER, NEIL**
1.3 STREET ADDRESS **28779 WILD COFFEE COURT**
1.4 CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE **VSTD** ☐ DELETE
NAME **STALK, ARNOLD R**
STREET ADDRESS **121 N 15TH ST**
CITY-ST-ZIP **LAS VEGAS NV**

2.1 TITLE **VSTD** ☒ Change ☐ Addition
2.2 NAME **STALK, ARNOLD R.**
2.3 STREET ADDRESS **3111 S. VALLEY VIEW BLVD., #B-210**
2.4 CITY-ST-ZIP **LAS VEGAS, NV 89102**

TITLE **D** ☐ DELETE
NAME **HAMMER, JACK**
STREET ADDRESS **5505 INTERSTATE PKWY LW**
CITY-ST-ZIP **ATLANTA GA**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Neil Schaeffer

NEIL SCHAEFFER, PRESIDENT

1-22-98

941-947-3441

CP2E037 (10/97)