## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000008840

FILED Jan 06, 2010 Secretary of State

Entity Name: FLORIDA ASSISTED LIVING AFFILIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1922 MICCOSUKEE ROAD TALLAHASSEE, FL 32308

Current Mailing Address: New Mailing Address:

1922 MICCOSUKEE ROAD TALLAHASSEE, FL 32308

FEI Number: 01-0549750 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LANGE, PATRICIA 1922 MICCOSUKEE ROAD TALLAHASSEE, FL 32308 US

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: F

 Name:
 GLAVICH, JAMIE

 Address:
 9664 HOOD ROAD

 City-St-Zip:
 JACKSONVILLE, FL 32257

Title: T

 Name:
 SCHRUNK, STEVE

 Address:
 941 VILLAGE TRAIL

 City-St-Zip:
 PORT ORANGE, FL 32127

Title: VP

Name: WEIDLER, KRONE
Address: 312 EAST 124TH AVENUE
City-St-Zip: TAMPA, FL 33612

Title: 5

Name: THOMAS, DAMON

Address: 11370 HERON BAY BLVD, APT 1816 City-St-Zip: CORAL SPRINGS, FL 33076

Title: ED

 Name:
 LANGE, PATRICIA

 Address:
 1922 MICCOSUKEE ROAD

 City-St-Zip:
 TALLAHASSEE, FL 32308

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: PATRICIA LANGE ED 01/06/2010