2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N02000007916

Entity Name: INASMUCH ASSISTANT LIVING FACILITY, INC.

Current Principal Place of Business:

1007 WEST WRIGHT STREET
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

1007 WEST WRIGHT STREET
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 59-3699067 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SULLIVAN, VERA G
1007 WEST WRIGHT STREET
PENSACOLA, FL 32501 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: PD ( ) Delete
Name: SULLIVAN, JOSEPH L
Address: 1938 GARY CIRCLE
City-St-Zip: PENSACOLA, FL 32505

Title: VD ( ) Delete
Name: SULLIVAN, VERA G
Address: 1938 GARY CIRCLE
City-St-Zip: PENSACOLA, FL 32505

Title: TREA ( ) Delete
Name: KNIGHT, SADIE C
Address: 309 SEAMARGE LANE
City-St-Zip: PENSACOLA, FL 32507

Title: SECR ( ) Delete
Name: MALLORY, BARBARA
Address: 500 WEST AVERY STREET
City-St-Zip: PENSACOLA, FL 32505

Title: CHAI ( ) Delete
Name: SAVAGE, J
Address: 1723 SAVAGE LANE
City-St-Zip: PENSACOLA, FL 32505

Title: MEM ( ) Delete
Name: JOHNSON,, THOMAS
Address: 1112 N. DAVIS HIGHWAY
City-St-Zip: PENSACOLA, FL 32503

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:

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: VERA G SULLIVAN VP 04/16/2009

Electronic Signature of Signing Officer or Director — Date