

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000609

FILED
Apr 23, 2007
Secretary of State

Entity Name: NEW ALTERNATIVES IN COMMUNITY LIVING INC.

Current Principal Place of Business:

5360 SW 86 LANE
OCALA, FL 34476

New Principal Place of Business:

Current Mailing Address:

5360 SW 86 LANE
OCALA, FL 34476

New Mailing Address:

FEI Number: 38-3013463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WASHINGTON, ROSE P
5360 SW 86TH LANE
OCALA, FL 34476 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 () Delete
Name: SMILEY, FRED
Address: P.O. 53
City-St-Zip: SILVER SPRINGS, FL 34487

Title: D () Delete
Name: JACOBS, STANLEY
Address: 606 SW BROADWAY ST.
City-St-Zip: OCALA, FL 34475

Title: PD () Delete
Name: WASHINGTON, ROSE P
Address: 5360 SW 86TH LANE
City-St-Zip: OCALA, FL 34476

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SEC (X) Change () Addition
Name: KING, CHIQUITA
Address: 8845 SW 57TH CT
City-St-Zip: OCALA, FL 34476

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TREA () Change (X) Addition
Name: EPPS, DEREK
Address: 1126 NW 8TH AVE
City-St-Zip: OCALA, FL 34475

Title: D () Change (X) Addition
Name: THOMPSON, CAROLYN
Address: 2135 NW 1ST AVE
City-St-Zip: OCALA, FL 34475

I hereby certify that the information supplied with this filing does not qualify for the 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: ROSE WASHINGTON

PD

04/23/2007

Electronic Signature of Signing Officer or Director

Date