

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 23, 2008
Secretary of State

DOCUMENT# N03000000609

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:**1406 SE 36TH AVENUE
OCALA, FL 34475**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 (X)****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:** SEC () Delete
Name: KING, CHIQUITA
Address: 8845 SW 57TH CT
City-St-Zip: Ocala, FL 34476**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:** TREA () Delete
Name: EPPS, DEREK
Address: 1126 NW 8TH AVE
City-St-Zip: Ocala, FL 34475**Title:** D () Delete
Name: THOMPSON, CAROLYN
Address: PO BOX 4011
City-St-Zip: Ocala, FL 34478**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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City-St-Zip:**Title:** () Change () Addition
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Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** PD () Change (X) Addition
Name: WASHINGTON, FREDRIC
Address: 5360 SW 86TH LANE
City-St-Zip: Ocala, FL 34476

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: ROSE WASHINGTON

PD

06/23/2008

Electronic Signature of Signing Officer or Director

Date