2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000609

FILED Apr 30, 2009 Secretary of State

Entity Name: NEW ALTERNATIVES IN COMMUNITY LIVING INC. **Current Principal Place of Business: New Principal Place of Business:** 1406 SE 36TH AVENUE OCALA, FL 34475 **Current Mailing Address: New Mailing Address:** 5360 SW 86 LANE OCALA, FL 34476 FEI Number: 38-3013463 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: WASHINGTON, ROSE P 5360 SW 86TH LANE OCALA, FL 34476 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WASHINGTON, FREDRIC Name: Name: Address: 5360 SW 86TH LANE Address: City-St-Zip: OCALA, FL 34476 City-St-Zip: Title: () Delete Title: () Change () Addition Name: HAYES, MARIE B Name: Address: 719 SE 18TH STREET Address: City-St-Zip: OCALA, FL 34471 City-St-Zip: Title: () Delete Title: () Change () Addition MOORE, LATANYA Name: Name: 3392 SW 131ST STREET Address: Address: City-St-Zip: OCALA, FL 34473 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: ROSE WASHINGTON AD 04/30/2009