

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Dec 07, 2009**  
**Secretary of State**

DOCUMENT# N03000000609

**Entity Name:** NEW ALTERNATIVES IN COMMUNITY LIVING INC.**Current Principal Place of Business:**1406 SE 36TH AVENUE  
OCALA, FL 34475**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:** PD ( ) Delete  
**Name:** WASHINGTON, FREDRIC  
**Address:** 5360 SW 86TH LANE  
**City-St-Zip:** OCALA, FL 34476**Title:** D ( ) Delete  
**Name:** HAYES, MARIE B  
**Address:** 719 SE 18TH STREET  
**City-St-Zip:** OCALA, FL 34471**Title:** D ( ) Delete  
**Name:** MOORE, LATANYA  
**Address:** 3392 SW 131ST STREET  
**City-St-Zip:** OCALA, FL 34473**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** T (X) Change ( ) Addition  
**Name:** GUNN, HOWARD  
**Address:** 2801 SW 15TH ST.  
**City-St-Zip:** OCALA, FL 34474**Title:** S (X) Change ( ) Addition  
**Name:** GUNN, SHARETTE  
**Address:** 2801 SW 15TH ST.  
**City-St-Zip:** OCALA, FL 34474

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: FREDRIC WASHINGTON

PD

12/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date