

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000609

FILED  
Feb 17, 2011  
Secretary of State

**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:**

1006 SE FORT KING  
OCALA, FL 34471

**Current Mailing Address:**

5360 SW 86 LANE  
OCALA, FL 34476

**New Mailing Address:**

1006 SE FORT KING  
OCALA, FL 34471

**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  
Name: WASHINGTON, FREDRIC  
Address: 5360 SW 86TH LANE  
City-St-Zip: Ocala, FL 34476

Title: T  
Name: GUNN, HOWARD  
Address: 2801 SW 15TH ST.  
City-St-Zip: Ocala, FL 34474

Title: D  
Name: GUNN, SHARETTE  
Address: 2801 SW 15TH ST.  
City-St-Zip: Ocala, FL 34474

Title: S  
Name: SMITH, LILLIE  
Address: 10119 SW 84TH AVENUE RD.  
City-St-Zip: Ocala, FL 34471

I hereby 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 all other like empowered.

SIGNATURE: FREDRIC WASHINGTON

PD

02/17/2011

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

\_\_\_\_\_  
Date