

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005728

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: ALDERSGATE RETIREMENT, INC.

## Current Principal Place of Business:

5300 W 16TH AVENUE  
HIALEAH, FL 33012

## New Principal Place of Business:

## Current Mailing Address:

5300 W 16TH AVENUE  
HIALEAH, FL 33012

## New Mailing Address:

FEI Number: 16-1676095

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301 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: JACOBS, WILLIAM  
Address: 1500 MIAMI CENTER 201 S BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33131

Title: D (X) Delete  
Name: FEATHERS, GARY  
Address: 9561 SW 123 STREET  
City-St-Zip: MIAMI, FL 33176

Title: P ( ) Delete  
Name: RICE-SCHILD, KELLEY  
Address: 47 NW 32 PLACE  
City-St-Zip: MIAMI, FL 33125

Title: S ( ) Delete  
Name: STEWART, GERTRUDE  
Address: 17037 NW 66 COURT  
City-St-Zip: HIALEAH, FL 33015

Title: VP ( ) Delete  
Name: FARR, LYN  
Address: 7310 JACARANDA LANE  
City-St-Zip: MIAMI LAKES, FL 33014

Title: T ( ) Delete  
Name: LANDRUM, PAUL  
Address: 1030 ALFONSO AVENUE  
City-St-Zip: CORAL GABLES, FL 33146

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: BILLY CONOL

MR.

03/23/2009

Electronic Signature of Signing Officer or Director

Date