

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004117

FILED
Apr 14, 2009
Secretary of State

Entity Name: INDIAN ROCKS ASSISTED LIVING, INC.

Current Principal Place of Business:

12685 ULMERTON ROAD
LARGO, FL 33774

New Principal Place of Business:

Current Mailing Address:

12685 ULMERTON ROAD
LARGO, FL 33774

New Mailing Address:

FEI Number: 03-0548503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERGUSON, TIMOTHY A
12685 ULMERTON ROAD
LARGO, FL 33774 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: HANNAN, BOB
Address: 12685 ULMERTON ROAD
City-St-Zip: LARGO, FL 33774

Title: DS () Delete
Name: MEYER, BOB
Address: 12685 ULMERTON ROAD
City-St-Zip: LARGO, FL 33774

Title: DV () Delete
Name: GUSSLER, RAY
Address: 12685 ULMERTON ROAD
City-St-Zip: LARGO, FL 33774

Title: DT () Delete
Name: RAYMOND, HETTERICH
Address: 12685 ULMERTON ROAD
City-St-Zip: LARGO, FL 33774

Title: DP () Delete
Name: FERGUSON, TIMOTHY A
Address: 12685 ULMERTON ROAD
City-St-Zip: LARGO, FL 33774

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:

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: TIMOTHY A. FERGUSON

PRES

04/14/2009

Electronic Signature of Signing Officer or Director

Date