

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004683

FILED  
Feb 08, 2007  
Secretary of State

**Entity Name:** ADOPT A NURSING HOME AND ASSISTED LIVING FACILITIES, INC.

**Current Principal Place of Business:**

233 MAGNOLIA RUN  
LAKE ALFRED, FL 33850

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 355  
LAKE ALFRED, FL 338500355

**New Mailing Address:**

**FEI Number:** 20-1107202

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUDSON, NELSON  
35 CREEK CIRCLE  
LAKE ALFRED, FL 33850 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: SCHILLING, BRUCE C  
Address: 233 MAGNOLIA RUN  
City-St-Zip: LAKE ALFRED, FL 33850

Title: VPD ( ) Delete  
Name: GLENDA, ALDRIDGE L  
Address: 312 KENTUCKY STREET  
City-St-Zip: HAINES CITY, FL 33844

Title: SD ( ) Delete  
Name: HUDSON, JUNE  
Address: 35 CREEK CIRCLE  
City-St-Zip: LAKE ALFRED, FL 33850

Title: TD ( ) Delete  
Name: SCHILLING, PAULETTE M  
Address: 233 MAGNOLIA RUN  
City-St-Zip: LAKE ALFRED, FL 33850

Title: D ( ) Delete  
Name: SEWELL, DEANE  
Address: 1488 AVENUE 1 SW  
City-St-Zip: WINTER HAVEN, FL 33880

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: D ( ) Change (X) Addition  
Name: KARIN, NELSON  
Address: 112 AVENUE E SW  
City-St-Zip: WINTER HAVEN, FL 33883 US

I hereby certify that the information supplied with this filing does not qualify for the 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: PAULETTE M. SCHILLING

TD

02/08/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date