2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2010
Secretary of State

DOCUMENT# N05000004168

Entity Name: SMYRNA WEST TLC ASSISTED LIVING FACILITY, INC.

Current Principal Place of Business:

301 MILFORD PLACE
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

301 MILFORD PLACE
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

PO BOX 2819
NEW SMYRNA BEACH, FL 32170 28

FEI Number: 65-1248124 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, ROBERT B
301 MILFORD PLACE
NEW SMYRNA BEACH, FL 32168 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: THOMAS, ROBERT B
Address: 1828 MANGO TREE DRIVE
City-St-Zip: EDGEWATER, FL 32132

Title: VD
Name: HENDERSON, TAMARA
Address: 1828 MANGO TREE DR
City-St-Zip: EDGEWATER, FL 32132

Title: STD
Name: CARSON, WILLIE
Address: 409 HICKORY STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: ROBERT B. THOMAS PD 01/05/2010

Electronic Signature of Signing Officer or Director Date