

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006686

FILED
Jan 15, 2009
Secretary of State

Entity Name: ALTERNATIVE LIVING FOR MEN & WOMEN INC.

Current Principal Place of Business:

12590 NE 16TH AVENUE
#606
NORTH MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

12590 NE 16TH AVENUE
#606
NORTH MIAMI, FL 33161

New Mailing Address:

FEI Number: 20-3081444

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, PHYLLIS
12590 NE 16TH AVENUE
#606
NORTH MIAMI, FL 33161 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: KELLY, ERIC W
Address: 3100 N. W. 48TH TERRACE
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: JOHNSON, PHYLLIS M
Address: 12590 NE 16TH AVENUE #606
City-St-Zip: NORTH MIAMI, FL 33161

Title: D () Delete
Name: JOHNSON, KAREN R
Address: 6965 N. W. 20TH AVENUE
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: ALFORD, BARBARETTE S
Address: 2900 N. W. 96TH STREET
City-St-Zip: MIAMI, FL 33150

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:

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: PHYLLIS JOHNSON

D

01/15/2009

Electronic Signature of Signing Officer or Director

Date