

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006712

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: AFFORDA ASSISTED LIVING, INC.

**Current Principal Place of Business:**

632 APALACHEE CIRCLE NE  
ST. PETERSBURG, FL 33702

**New Principal Place of Business:**

**Current Mailing Address:**

632 APALACHEE CIRCLE NE  
ST. PETERSBURG, FL 33702

**New Mailing Address:**

FEI Number: 20-5163094

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GROBMYER, JAMES E  
632 APALACHEE CIRCLE NE  
ST. PETERSBURG, FL 33702 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P ( ) Change (X) Addition  
Name: GROBMYER, JAMES P  
Address: 632 APALACHEE CIRCLE NE  
City-St-Zip: ST PETERSBURG, FL 33702

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: JAMES GROBMYER

P

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date