

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006623

FILED
Jan 16, 2009
Secretary of State

Entity Name: FLORIDA ASSISTED LIVING EDUCATION & RESEARCH FOUNDATION, INC.

Current Principal Place of Business:

1922 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1922 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 32-0214606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANGE, PATRICIA
1922 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308 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: ROBARE, BRIAN
Address: 1001 CARPENTER'S WAY
City-St-Zip: LAKE LAND, FL 33809

Title: D () Delete
Name: GLAVICH, JAMIE
Address: 9664 HOOD ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: GLUCKSMAN, JOSEPH
Address: 534 DATURA STREET
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: TAYLOR, ED
Address: 1601 PINE LAKE DRIVE
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: LANGE, PATRICIA
Address: 1922 MICCOSUKEE ROAD
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SCHRUNK, STEVEN
Address: 941 VILLAGE TRAIL
City-St-Zip: PORT ORANGE, FL 32127

Title: D (X) Change () Addition
Name: WEIDLER, KRONE
Address: 312 EAST 124 STREET
City-St-Zip: TAMPA, FL 33612

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: PATRICIA A. LANGE

MS.

01/16/2009

Electronic Signature of Signing Officer or Director

Date