

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# N18621

Entity Name: ALTERNATIVE LIVING, INC.

Current Principal Place of Business:

207 HOSPITAL DRIVE
FT. WALTON BEACH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

207 HOSPITAL DRIVE
FT. WALTON BEACH, FL 32548 US

New Mailing Address:

FEI Number: 59-2749572 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOVEJOY, RUTH R EX DIR
207 LOVEJOY ROAD
FT. WALTON BEACH, FL 32548 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: SD () Delete
Name: LITHGOW, THERESA
Address: 541 TIMBERLAKE DRIVE
City-St-Zip: MARY ESTHER, FL 32569 US

Title: PD () Delete
Name: SAAL, PETE
Address: 648 VIRGINIA OAK CT
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: TD () Delete
Name: IRELAND, GEORGE
Address: 717 MCKINNEY
City-St-Zip: NICEVILLE, FL 32578 US

Title: VD () Delete
Name: TOWNSEND, SAM
Address: 407 EAST VIEW DR
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: D () Delete
Name: LOVEJOY, RUTH R
Address: 207 LOVEJOY RD.
City-St-Zip: FT. WALTON BCH., FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: SAAL, PETE
Address: 226 SOTIR STREET, NW
City-St-Zip: FORT WALTON BEACH, FL 32548 US

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

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

Title: D (X) Change () Addition
Name: LOVEJOY, RUTH R
Address: 207 LOVEJOY RD.
City-St-Zip: FT. WALTON BCH., FL 32548 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RUTH R. LOVEJOY, EXECUTIVE DIRECTOR

D

01/05/2005

Electronic Signature of Signing Officer or Director

Date