

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18621

FILED  
Jan 04, 2007  
Secretary of State

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 (X)

**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: 226 SOTIR STREET, NW  
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 32548 US

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

Title: TD (X) Change ( ) Addition  
Name: LITHGOW, THERESA  
Address: 541 TIMBERLAKE DRIVE  
City-St-Zip: MARY ESTHER, FL 32569 US

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

Title: VD (X) Change ( ) Addition  
Name: ZELL, BILL  
Address: 9 WEST CASA LOMA DRIVE  
City-St-Zip: MARY ESTHER, FL 32569 US

Title: SD (X) Change ( ) Addition  
Name: GROAT, SCOTT DR  
Address: 151 MARY ESTHER BOULEVARD  
City-St-Zip: MARY ESTHER, FL 32569 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RUTH R. LOVEJOY

D

01/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date