

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 20, 2009
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 (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: TD () Delete
Name: HODKINS-LOTT, THERESA
Address: 541 TIMBERLAKE DRIVE
City-St-Zip: MARY ESTHER, FL 32569 US

Title: PD () Delete
Name: ZELL, BILL
Address: 9 WEST CASA LOMA DRIVE
City-St-Zip: MARY ESTHER, FL 32569 US

Title: VD () Delete
Name: GROAT, SCOTT
Address: 151 SOUTH MARY ESTHER BOULEVARD
City-St-Zip: MARY ESTHER, FL 32569 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: () 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: RUTH R. LOVEJOY

D

01/20/2009

Electronic Signature of Signing Officer or Director

_____ Date