

**NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**

**06 MAY -1 PM 4:35**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DOCUMENT # *N30108*

1. Entity Name

*McCloud's Adult Living Facility, Inc*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

*140 Astor Ave*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Quincy, FL*

City & State

City & State

*32352*

Zip

Country

*USA*

Zip

Country

4. FEI Number

*59-2923861*

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CR2E037B (8/05)

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

*Ronald L. McCloud*

Street Address (P.O. Box Number is Not Acceptable)

*108 Astor Ave*

City

*Quincy*

FL

Zip Code

*32352*

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Jaurice M. McCloud*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*5/01/06*

DATE

**FEE IS \$61.25**  
Initial or Amended AR

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

|  |   |                |                                      |
|--|---|----------------|--------------------------------------|
| TITLE<br>P<br><i>President</i>         | NAME<br><i>Ronald L. McCloud</i>          | TITLE          | NAME                                 |
| STREET ADDRESS<br><i>108 Astor Ave</i> | STREET ADDRESS<br><i>Quincy, FL 32352</i> | STREET ADDRESS | <i>500075102385</i>                  |
| CITY-ST-ZIP<br><i>Quincy, FL 32352</i> | CITY-ST-ZIP<br><i>Quincy, FL 32352</i>    | CITY-ST-ZIP    | <i>05/23/06--01049--018 **122.50</i> |
| TITLE<br>VP                            | NAME<br><i>Rosetta McCloud</i>            | TITLE          | NAME                                 |
| STREET ADDRESS<br><i>140 Astor Ave</i> | STREET ADDRESS<br><i>Quincy, FL 32352</i> | STREET ADDRESS |                                      |
| CITY-ST-ZIP<br><i>Quincy, FL 32352</i> | CITY-ST-ZIP<br><i>Quincy, FL 32352</i>    | CITY-ST-ZIP    |                                      |
| TITLE<br>S                             | NAME<br><i>Jaurice M. McCloud</i>         | TITLE          | NAME                                 |
| STREET ADDRESS<br><i>108 Astor Ave</i> | STREET ADDRESS<br><i>Quincy, FL 32352</i> | STREET ADDRESS |                                      |
| CITY-ST-ZIP<br><i>Quincy, FL 32352</i> | CITY-ST-ZIP<br><i>Quincy, FL 32352</i>    | CITY-ST-ZIP    |                                      |
| TITLE                                  | NAME                                      | TITLE          | NAME                                 |
| STREET ADDRESS                         | STREET ADDRESS                            | STREET ADDRESS | STREET ADDRESS                       |
| CITY-ST-ZIP                            | CITY-ST-ZIP                               | CITY-ST-ZIP    | CITY-ST-ZIP                          |
| TITLE                                  | NAME                                      | TITLE          | NAME                                 |
| STREET ADDRESS                         | STREET ADDRESS                            | STREET ADDRESS | STREET ADDRESS                       |
| CITY-ST-ZIP                            | CITY-ST-ZIP                               | CITY-ST-ZIP    | CITY-ST-ZIP                          |
| TITLE                                  | NAME                                      | TITLE          | NAME                                 |
| STREET ADDRESS                         | STREET ADDRESS                            | STREET ADDRESS | STREET ADDRESS                       |
| CITY-ST-ZIP                            | CITY-ST-ZIP                               | CITY-ST-ZIP    | CITY-ST-ZIP                          |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jaurice M. McCloud*

*5/01/06*