2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2010
Secretary of State

DOCUMENT# N93000004002

Entity Name: FLORIDA ASSISTED LIVING ASSOCIATION, INC.

Current Principal Place of Business:

1922 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

1922 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-3134774 **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: P
Name: GLAVICH, JAMIE
Address: 9664 HOOD ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP
Name: WEIDER, KRONE
Address: 312 EAST 124TH AVENUE
City-St-Zip: TAMPA, FL 33612

Title: T
Name: SCHRUNK, STEVE
Address: 941 VILLAGE TRAIL
City-St-Zip: PORT ORANGE, FL 32127

Title: S
Name: THOMAS, DAMON
Address: 11370 HERON BAY BLVD, APT 1816
City-St-Zip: CORAL SPRINGS, FL 33076

Title: ED
Name: LANGE, PATRICIA
Address: 1922 MICCOSUKEE ROAD
City-St-Zip: TALLAHASSEE, FL 32308

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA LANGE ED 01/06/2010

Electronic Signature of Signing Officer or Director Date