2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006
Secretary of State

DOCUMENT# N95000003122

Entity Name: ARLINGTON HOUSE ACLF, INC.

Current Principal Place of Business:

203 MOODY RD
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

PO BOX 466
PALATKA, FL 32178 US

New Mailing Address:

FEI Number: 59-3326525 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

POWERS, PENNY J
203 MOODY RD
PALATKA, FL 32177 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: PD ( ) Delete
Name: POWERS, PENNY J
Address: 203 SOUTH MOODY ROAD
City-St-Zip: PALATKA, FL

Title: STD ( ) Delete
Name: HEBERT, BARBARA A
Address: 203 SOUTH MOODY RD.
City-St-Zip: PALATKA, FL 32177

Title: D ( ) Delete
Name: ALLEN, BETTY L
Address: 203 SOUTH MOODY RD.
City-St-Zip: PALATKA, FL 32177

Title: D ( ) Delete
Name: BOHANAN, JANICE
Address: 203 MOODY RD
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: POWERS, PENNY J
Address: 203 SOUTH MOODY ROAD
City-St-Zip: PALATKA, FL 32177

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 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: PENNY J POWERS PD 02/10/2006

Electronic Signature of Signing Officer or Director — Date