

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005194

FILED
Mar 30, 2005
Secretary of State

Entity Name: ALLIANCE OF CASA LA LINDA CORPORATION

Current Principal Place of Business:

4224 MICHIGAN AVENUE
FORT MYERS, FL 33916

New Principal Place of Business:

1825 LINHART AVENUE
FORT MYERS, FL 33901

Current Mailing Address:

PO BOX 1844
FORT MYERS, FL 33902

New Mailing Address:

FEI Number: 65-0791636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, ANGELIA C
6850 PANGOLA ROAD
FORT MYERS, FL 33905 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: D () Delete
Name: STRAYHORN, E. BRUCE
Address: 2125 FIRST STREET
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: RILEY, FLOSSIE M
Address: 872 NUNA AVENUE
City-St-Zip: FORT MYERS, FL 33916

Title: D () Delete
Name: SMITH, ANGELIA C
Address: 6850 PANGOLA ROAD
City-St-Zip: FORT MYERS, FL 33916

Title: D () Delete
Name: DAILEY, CHARLES
Address: 3650 MICHIGAN AVE STE 4
City-St-Zip: FORT MYERS, FL 33916

Title: D () Delete
Name: KNIGHT, ABRA
Address: 5000 ORANGE GROVE BLVD
City-St-Zip: FORT MYERS, FL 33903

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: D (X) Change () Addition
Name: DAILEY, CHARLES
Address: 2300 SANTA BARBARA BLVD
City-St-Zip: CAPE CORAL, FL 339991

Title: D (X) Change () Addition
Name: KNIGHT, ABRA
Address: 5514 BROOKFIELD STREET
City-St-Zip: LEHIGH ACRES, FL 33971

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANGELIA SMITH

MS.

03/30/2005

Electronic Signature of Signing Officer or Director

Date