

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005194

FILED  
Mar 07, 2006  
Secretary of State

**Entity Name:** ALLIANCE OF CASA LA LINDA CORPORATION

**Current Principal Place of Business:**

1825 LINHART AVENUE  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**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: 2300 SANTA BARBARA BLVD  
City-St-Zip: CAPE CORAL, FL 339991

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

**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:

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: ANGELIA SMITH

DIR

03/07/2006

Electronic Signature of Signing Officer or Director

Date