

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90075 050 ****61.25

DOCUMENT # N99000007280 1. Entity Name CENTER FOR ADVANCED LIVING, INC.					
Principal Place of Business 4250 LAKESIDE DR. JACKSONVILLE, FL 32210				Mailing Address 4250 LAKESIDE DR. JACKSONVILLE, FL 32210	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MACEDO, JONATHAN 4250 LAKESIDE DRIVE JACKSONVILLE, FL 32210				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ☐ Delete Anderson, John Q. 2309 San Jose Circle North Jacksonville, Fl. 32217		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC ☐ Delete Harrison, Edward H. 256 East Church Street Jacksonville, Florida 32202		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete Berg, Rebecca 4811 Beach Blvd. Suite 200 Jacksonville, Fl. 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED/CEO ☐ Delete Bertram, Theresa M. 4250 Lakeside Drive #300 Jacksonville, Fl. 32210		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete Bowers, Steven P. 501 West State Street Jacksonville, Fl. 32202		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/CFO/T ☐ Delete Macedo, Jonathan R. 4250 Lakeside Dr. #300 Jacksonville, Fl. 32210		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <i>CRU</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

ATTACHMENT

40019625

Attachment: Document # N99000007280

Center For Advanced Living, Inc.
FEI# 59-3628463

Additional Officers / Directors:

D

Richardson, Catherine
4631 Algonquin Ave.
Jacksonville, Florida 32210

D

King, William D.
4860 Ortega Blvd.
Jacksonville, Florida 32210

D

Owen, Ronald M.
3737 Seminary Road
Alexandria, Virginia 22304

D

Weatherby, Michael
4062 Cordova Ave.
Jacksonville, Florida 32207

D

Hill, Jayne B.
6439 Wood Valley Road
Jacksonville, Florida 32217

S/D

Jorgensen, Michael E
7555 Beach Blvd.
Jacksonville, Florida 32216

D

Parker, Ava
101 East Union St. Suite 200
Jacksonville, Florida 32202