

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000081414

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** ZION'S ASSISTED LIVING FACILITY, INC.

**Current Principal Place of Business:**

2029 JUPITER BLVD SW  
PALM BAY, FL 32908

**New Principal Place of Business:**

**Current Mailing Address:**

2029 JUPITER BLVD SW  
PALM BAY, FL 32908

**New Mailing Address:**

**FEI Number:** 27-0873859

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WHYNE, SHERON P  
484 CALAMONDIN AVE NW  
PALM BAY, FL 32907 US

**Name and Address of New Registered Agent:**

WHYNE-KELLY, SHERON P  
484 CALAMONDIN AVE NW  
PALM BAY, FL 32907 US

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: SHERON WHYNE-KELLY

04/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: WHYNE-KELLY, SHERON P  
Address: 484 CALAMONDIN AVE NW  
City-St-Zip: PALM BAY, FL 32907

Title: VD  
Name: JOHNSON, JOYCIE  
Address: 179 ANDERSON AVE NE  
City-St-Zip: PALM BAY, FL 32907

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHERON WHYNE-KELLY

PSTD

04/30/2012

Electronic Signature of Signing Officer or Director

Date