

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007916

Entity Name: INASMUCH ASSISTANT LIVING FACILITY, INC.**Current Principal Place of Business:**1007 WEST WRIGHT STREET
PENSACOLA, FL 32501**Current Mailing Address:**1007 WEST WRIGHT STREET
PENSACOLA, FL 32501 US**FEI Number:** 59-3699067**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SULLIVAN, VERA G
1007 WEST WRIGHT STREET
PENSACOLA, FL 32501 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	SULLIVAN, JOSEPH L
Address	1938 GARY CIRCLE
City-State-Zip:	PENSACOLA FL 32505

Title	TREA
Name	KNIGHT, SADIE C
Address	309 SEAMARGE LANE
City-State-Zip:	PENSACOLA FL 32507

Title	CHAI
Name	SAVAGE, J
Address	1723 SAVAGE LANE
City-State-Zip:	PENSACOLA FL 32505

Title	VD
Name	SULLIVAN, VERA G
Address	1938 GARY CIRCLE
City-State-Zip:	PENSACOLA FL 32505

Title	SECR
Name	MALLORY, BARBARA
Address	500 WEST AVERY STREET
City-State-Zip:	PENSACOLA FL 32505

Title	MEM
Name	JOHNSON,, THOMAS
Address	1112 N. DAVIS HIGHWAY
City-State-Zip:	PENSACOLA FL 32503

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

SIGNATURE: VERA G SULLIVAN

VP

02/05/2016

Electronic Signature of Signing Officer/Director Detail_____
Date