

2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 840313

Entity Name: ACTS RETIREMENT-LIFE COMMUNITIES, INC.**Current Principal Place of Business:**375 MORRIS ROAD
WEST POINT, PA 19486-0090**Current Mailing Address:**375 MORRIS ROAD, PO BOX 90
WEST POINT, PA 19486-0090 US**FEI Number:** 23-1900132**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRYAN, GEORGE R
7100 WEST CAMINO REAL BLVD
SUITE #408
BOCA RATON, FL 33433 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:** GEORGE R. BRYAN

03/12/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D/C
Name DAVIS, DONALD L
Address 375 MORRIS RD.
City-State-Zip: WEST POINT PA 19486

Title CEO
Name VANDERBECK, MARK
Address 375 MORRIS ROAD
City-State-Zip: WEST POINT PA 19486-0090

Title DT
Name MOYER, MERRILL
Address 375 MORRIS RD.
City-State-Zip: WEST POINT PA 19486

Title DS
Name GERNER, ELRIC C
Address 375 MORRIS ROAD
City-State-Zip: WEST POINT PA 19486

Title VCHR
Name DUNN, THOMAS AIII
Address 375 MORRIS ROAD
City-State-Zip: WEST POINT PA 19486

Title PRESIDENT
Name GRANT, GERALD T
Address 375 MORRIS ROAD
City-State-Zip: WEST POINT PA 19486

Title VP
Name KAREN, CHRISTIANSEN
Address 375 MORRIS ROAD
City-State-Zip: WEST POINT PA 19486-0090

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: GERALD T. GRANT

PRESIDENT

03/12/2015

Electronic Signature of Signing Officer/Director Detail

Date