

2013 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:**COXSON, CHARLES WIII
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:**_____
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	D/P
Name	MASHNER, MARVIN
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	AST
Name	GRANT, GERALD T
Address	375 MORRIS ROAD
City-State-Zip:	WEST POINT PA 19486

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: MARVIN MASHNER**PRESIDENT****04/24/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date