

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753011

FILED
Feb 10, 2004
Secretary of State

Entity Name: CENTER FOR INDEPENDENT LIVING OF NORTH FLORIDA INC.

Current Principal Place of Business:

1823 BUFORD COURT
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

1823 BUFORD COURT
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 59-2091522 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HEMPHILL, THOMAS H
2055 THOMASVILLE ROAD APT. C305
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: WILSON, SCOTT
Address: 6400 JAMAICA COURT
City-St-Zip: TALLAHASSEE, FL 32308

Title: P () Delete
Name: CREW, ALICIA
Address: 3817 MCFARLAND DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: VP () Delete
Name: GREVE, BEN
Address: 2206 MONTICELLO DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: BS () Delete
Name: VON FOSSEN, CARLA
Address: 50916 TAMARACK AVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: WARD, MARYANNE
Address: 1330 HILL-N-DALE ST S
City-St-Zip: TALLAHASSEE, FL 32311

Title: D () Delete
Name: WINZIG, LIZ
Address: 502 E 6TH AVE
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SANDAHL, CARRIE
Address: 2209 ATAPHA NENE
City-St-Zip: TALLAHASSEE, FL 32301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALICIA CREW

PRES

02/10/2004

Electronic Signature of Signing Officer or Director

_____ Date

ALLISA MARTZ, DIRECTOR
3200 MAJESTIC PRINCE TRAIL
TALLAHASSEE, FL 32309

PAUL MARTELL, DIRECTOR
1216 CROSS CREEK CIRCLE
TALLAHASSEE, FL 32303