FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:47

DOCUMENT # N09535 (8)

1. Corporation Name
FOUNDATION FOR INDEPENDENT LIVING, INC.

Principal Place of Business	Mailing Address
21741 CLUB VILLA T. BOCA RATON FL 33433	21741 CLUB VILLA T. BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/30/1985
3a. Date of Last Report: 01/27/1994
4. FEI Number: 59-2656932 ☐ Applied For ☐ Not Applicable

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip / 25 Country	29	Zip / 30 Country

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MISHNER, I. SCOTT 21741 CLUB VILLA T. BOCA RATON FL 33433	81 Name: PHYLLIS W. HOFFMAN 82 Street Address (P.O. Box Number is Not Acceptable): 1831 Lyons Road # 108 83 Coconut Creek 33063 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Phyllis W. Hoffman DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	MISHNER, SCOTT	1.2 NAME	
STREET ADDRESS	21741 CLUB VILLA T.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	TD Richard Friedkin ☒ Change ☐ Addition
NAME	GOLDFEDER, JOYCE	2.2 NAME	
STREET ADDRESS	2351 S COURSE DR, #602	2.3 STREET ADDRESS	108 Commodore Drive
CITY-ST-ZIP	POMPANO BCH FL	2.4 CITY-ST-ZIP	Jupiter, Fl 33477
TITLE	TD	3.1 TITLE	S Sandra Friedkin ☒ Change ☐ Addition
NAME	BEDERMAN, STUART	3.2 NAME	
STREET ADDRESS	5311 N.E. 33RD AVE.	3.3 STREET ADDRESS	108 Commodore Drive
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	JupJupiter, Fl 33477
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	HOFFMAN, PHYLISS W	4.2 NAME	
STREET ADDRESS	2323 IBIS ISLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Phyllis W. Hoffman Date Daytime Phone #
(SIGNATURE AND TYPED OR PRINTED NAME OF PRESIDENT OR OTHER OFFICER OR DIRECTOR)
PHYLLIS W. HOFFMAN

0040831