

FILE NOW: FILING FEE IS \$61.25

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Apr 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N36147 (9)

1. Corporation Name  
COALITION FOR INDEPENDENT LIVING OPTIONS, INC.



Principal Place of Business Mailing Address

2328 S. CONGRESS AVENUE SUITE 1F W PALM BCH FL 33406 US

2326 S CONGRESS AVE #1-F W PALM BCH FL 33406-7652

3. Date Incorporated or Qualified 01/12/1990  
3a. Date of Last Report 03/26/1996

21	2. Principal Place of Business	2a. Mailing Address	22	2a. Mailing Address	4. FEI Number	Applied For
		2328 S. Congress Ave #1F W PALM BCH FL 33406-7652			65-0174695	Not Applicable
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
23	City & State	27	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	Zip	28	Zip			
25	Country	29	Country			
30						

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RICHARDSON, KEVIN F., ESQUIRE 1551 FORUM PLACE SUITE 300 C PALM BEACH FL FL 33401		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECAK, ROBERT	1.2 NAME	
STREET ADDRESS	500 DAVIS RD #39	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM SPRINGS FL 33461	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAPADULA, TAMMY	2.2 NAME	SD STEVENSON, DENNIE
STREET ADDRESS	14572 CITRUS GROVE BLVD	2.3 STREET ADDRESS	856 ALEMEDA DR
CITY-ST-ZIP	LOXAHATCHEE FL	2.4 CITY-ST-ZIP	PALM SPRINGS, FL 33461
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, BRENDA	3.2 NAME	VPD
STREET ADDRESS	1830 JUNO ISLE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Robert Becak* REQUIRE Robert Becak 3/31/97 (561)966-4288  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0040314

CR2E037 (9/96)