

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N95000004679

1. Entity Name  
 HOMES FOR INDEPENDENCE, INC.



Principal Place of Business  
 2735 WHITNEY ROAD  
 CLEARWATER, FL 33760 US

Mailing Address  
 2735 WHITNEY ROAD  
 CLEARWATER, FL 33760 US



01122007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-3342379 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, GENE  
 2735 WHITNEY ROAD  
 CLEARWATER, FL 33760

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SANDONATO, WILLIAM JR.
STREET ADDRESS	2735 WHITNEY ROAD
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	VD
NAME	KREISLE, LORI
STREET ADDRESS	5300 10TH AVENUE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
TITLE	D
NAME	THOMAS, URBAN
STREET ADDRESS	3161 LAKE PINE WAY SOUTH
CITY-ST-ZIP	TARPON SPRINGS, FL 34688
TITLE	ST
NAME	SIMPSON, LORI
STREET ADDRESS	2735 WHITNEY RD
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	D
NAME	JENSEN, MARY
STREET ADDRESS	1130 94TH AVENUE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702
TITLE	D
NAME	KLENKE, GUY
STREET ADDRESS	2735 WHITNEY RD
CITY-ST-ZIP	CLEARWATER, FL 33760

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 01/23/07-80076-017 70.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI SIMPSON 1/20/07 727-538-7370  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #