**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 18, 2024**
**Secretary of State**
**9829551368CC**

DOCUMENT# N09535

**Entity Name:** FOUNDATION FOR INDEPENDENT LIVING, INC.

**Current Principal Place of Business:**

1367 LYONS RD
COCONUT CREEK, FL 33063

**Current Mailing Address:**

1367 LYONS RD
COCONUT CREEK, FL 33063

**FEI Number: 59-2656932**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TAYLOR, ROLONNA
20379 WEST COUNTRY CLUB DRIVE
2037
AVENTURA, FL 33180 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: ROLONNA TAYLOR 01/18/2024

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | CHAIRMAN |
| Name | BEDERMAN, STEVEN M |
| Address | 22452 E PEAKVIEW DRIVE |
| City-State-Zip: | AURORA CO 80016 |

| | |
|---|---|
| Title | PRESIDENT |
| Name | MISHNER, CHARLES |
| Address | 5257 SUFFOLK DRIVE |
| City-State-Zip: | BOCA RATON FL 33496 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | BEDERMAN, TIFFANIE |
| Address | 34 HARRISON STREET |
| City-State-Zip: | DENVER CO 80206 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | THOMPSON, ROY |
| Address | 2102 WINDSOR STREET |
| City-State-Zip: | MURFREESBORO TN 37130 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | LECK, JEFF |
| Address | 17034 FRESHWATER LANE |
| City-State-Zip: | CORNELIUS NC 28031 |

| | |
|---|---|
| Title | SECRETARY |
| Name | SIMON, DANNY |
| Address | 3276 GRANVILLE AVENUE |
| City-State-Zip: | LOS ANGELES CA 90066 |

| | |
|---|---|
| Title | TREASURER |
| Name | KOCH, LARRY |
| Address | 1105 LITTLE HARBOR DRIVE |
| City-State-Zip: | DEERFIELD BEACH FL 33441 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | COREY, CLINT |
| Address | 17607 VALENCIAL BLVD. |
| City-State-Zip: | LOXAHATCHEE FL 33470 |

**Continues on page 2**

*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: TIFFANIE BEDERMAN DIRECTOR 01/18/2024

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | DIRECTOR |
| Name | PUTTRICH, JILL |
| Address | 315 GOLFVIEW CIRCLE |
| City-State-Zip: | STUART FL 34996 |