

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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:**IRIZARRY, THERESA
245 SE 10TH STREET
#B2
DEERFIELD BEACH, FL 33441 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

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

Title	TD
Name	LECK, P. JEFF
Address	16824 FLYING JIB ROAD
City-State-Zip:	CORNELIUS NC 28031

Title	PD
Name	MASINTER, MARIA
Address	7455 SW 82ND COURT
City-State-Zip:	MIAMI FL 33143

Title	SECRETARY
Name	WIZNITZER, LEO
Address	9350 W BAY HARBOR DRIVE #7A
City-State-Zip:	BAY HARBOR ISLANDS FL 33154

Title	OTHER
Name	SUTHERLAND, CYNTHIA
Address	2576 SE 14TH STREET
City-State-Zip:	POMPANO BEACH FL 33062

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: LECK, P. JEFF**TREASURER****01/16/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date