

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N95000004679

**Entity Name:** HOMES FOR INDEPENDENCE, INC.

**Current Principal Place of Business:**

2735 WHITNEY ROAD  
CLEARWATER, FL 33760

**Current Mailing Address:**

2735 WHITNEY ROAD  
CLEARWATER, FL 33760 US

**FEI Number:** 59-3342379

**Certificate of Status Desired:** Yes

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

THOMAS, GENE  
2735 WHITNEY ROAD  
CLEARWATER, FL 33760 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 CHAIRMAN  
Name PAGE, BARBARA  
Address 2745 64TH WAY N.  
City-State-Zip: ST. PETERSBURG FL 33710

Title SECRETARY, TREASURER  
Name TWOHEY, MARY  
Address 2343 WILSHIRE DRIVE  
City-State-Zip: DUNEDIN FL 34698

Title DIRECTOR  
Name LARSON, JAN D  
Address 1200 COUNTRY CLUB DR. # 4502  
City-State-Zip: LARGO FL 33771

Title DIRECTOR  
Name GILBERT, DWIGHT  
Address 1799 HIGHLAND AVE. #H-119  
City-State-Zip: CLEARWATER FL 33755

Title DIRECTOR  
Name MACKSAM, SCOTT  
Address 2805 87TH PLACE 205  
City-State-Zip: PINELLAS PARK FL 33782

Title PRESIDENT  
Name CICCOLELLI, LISA  
Address 2735 WHITNEY ROAD  
City-State-Zip: CLEARWATER FL 33760

*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:** LISA CICCOLELLI

**PRESIDENT**

**10/29/2015**

Electronic Signature of Signing Officer/Director Detail

Date