

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710148

FILED
Apr 22, 2009
Secretary of State

Entity Name: THE CENTER FOR INDEPENDENCE, INC.

Current Principal Place of Business:

13910 FIVAY ROAD
SUITE 8
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

13910 FIVAY ROAD
SUITE 8
HUDSON, FL 34667

New Mailing Address:

FEI Number: 59-1492617 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LAURINO, EMILE
13910 FIVAY ROAD
SUITE 8
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: GLASS, BETTY
Address: 13910 FIVAY ROAD, SUITE 8
City-St-Zip: HUDSON, FL 34667

Title: PD () Delete
Name: ROE, GREG
Address: 13910 FIVAY ROAD, SUITE 8
City-St-Zip: HUDSON, FL 34667

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: BOWES, JUDY
Address: 7801 RADCLIFFE CIRCLE
City-St-Zip: PORT RICHEY, FL 34668

Title: D () Change (X) Addition
Name: HOLDEN, MICHAEL
Address: 6044 GRAND BLVD
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Change (X) Addition
Name: MEMOLI, ROBERT
Address: 1248 SEVEN SPRINGS BLVD
City-St-Zip: TRINITY, FL 34655

Title: D () Change (X) Addition
Name: TROY, GORDON
Address: 5828 CORKWOOD COURT
City-St-Zip: HOLIDAY, FL 34690

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LINDA A BENNETT

CFO

04/22/2009

Electronic Signature of Signing Officer or Director

Date