

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745138

FILED
Apr 26, 2006
Secretary of State

Entity Name: CENTER FOR INDEPENDENT LIVING IN CENTRAL FLORIDA, INC.

Current Principal Place of Business:

720 NORTH DENNING DRIVE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

720 NORTH DENNING DRIVE
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-1828770

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWE, ELIZABETH J
232 MALTESE CIRCLE APT. 4
FERN PARK, FL 32730 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: T () Delete
Name: REILLY, JASON
Address: 2320 HICKORY LN.
City-St-Zip: ORLANDO, FL 32803

Title: PD () Delete
Name: MEYER, BUDDY
Address: 1582 MUIR CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: SD () Delete
Name: KEEFE, TIMOTHY
Address: 820 GARDEN GLEN LOOP
City-St-Zip: LAKE MARY, FL 32746

Title: VDP () Delete
Name: MOUL, MAXINE
Address: 211 BROADMOOR RD.
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: KEEFE, TIMOTHY
Address: 5575 WHISPERING WOODS POINT
City-St-Zip: LAKE FOREST, FL 32771

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ELIZABETH J. HOWE

ED

04/26/2006

Electronic Signature of Signing Officer or Director

Date