

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 745138

**FILED**  
**Feb 15, 2011**  
**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  
720 NORTH DENNING DRIVE  
WINTER PARK, FL 32789 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: DSEC  
Name: KELLEY, PEGGY  
Address: 2775 WESTON LANE  
City-St-Zip: ORLANDO, FL 32810 US

Title: VDP  
Name: BATES, AARON  
Address: 126 EAST JEFFERSON STREET  
City-St-Zip: ORLANDO, FL 32801 US

Title: PD  
Name: STONE, CHERYL  
Address: 4518 OAK FOREST COURT  
City-St-Zip: ORLANDO, FL 32804 US

Title: TSR  
Name: JONES, KELLY  
Address: 420 S. ORANGE AVE, STE 500  
City-St-Zip: ORLANDO, FL 32801 US

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: ELIZABETH HOWE

ED

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date