

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753011 (6)

1. Corporation Name

CENTER FOR INDEPENDENT LIVING OF NORTH FLORIDA INC.



Principal Place of Business

Mailing Address

572-C APPELYARD DRIVE
TALLAHASSEE FL 32304
US

572-C APPELYARD DRIVE
TALLAHASSEE FL 32304

3. Date Incorporated or Qualified **06/18/1980** 3a. Date of Last Report **03/29/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number **59-2091522** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHELT, DENNIS
4020 BUGLEVIEW DR
TALLAHASSEE FL 32301**

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Dennis Shelt

EXECUTIVE DIRECTOR

4-11-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MC QUAT, TEDDY R	
STREET ADDRESS	ROUTE 35, BOX 4955	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARSH, LISA	
STREET ADDRESS	RT 22 BOX 180	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCCART, JACK F	
STREET ADDRESS	7635 W TENNESSEE #79	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRADY, GINA	
STREET ADDRESS	3334 CAPITAL MEDICAL BLVD #600	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOUGLAS, JEFF	
STREET ADDRESS	2023 SAND CASTLE DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITMYER, GRACE	
STREET ADDRESS	1128 CLARK AVE	
CITY-ST-ZIP	TALLAHASSEE FL	

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	EATON SCOTT	
13 STREET ADDRESS	1201 LEEWOOD DR	
14 CITY-ST-ZIP	TALLAHASSEE, FL 32311	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	WALT ALEXANDER	
23 STREET ADDRESS	KILLECALN UNITED METHODIST CHURCH	
24 CITY-ST-ZIP	2800 SHAW ROCK SOUTH TALLAHASSEE FL 32300	
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	OLU ROONEY	
33 STREET ADDRESS	1380 OCEAN RD I-4	
34 CITY-ST-ZIP	TALLAHASSEE FL 32304	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	SCOTT HARRISON	
43 STREET ADDRESS	1347 RUMBA LANE	
44 CITY-ST-ZIP	TALLAHASSEE, FL 32304	
51 TITLE	EXECUTIVE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	DENNIS SHELT	
53 STREET ADDRESS	4020 BUGLEVIEW DR	
54 CITY-ST-ZIP	TALLAHASSEE FL 32301	
61 TITLE	800001847318	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	-06/03/96--01023--037	
63 STREET ADDRESS	***61.25	
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dennis Shelt

DENNIS SHELT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Executive Director

4/11/96

DATE

(904) 575-9621

DAYTIME PHONE #

CS 5/1/96

CR2E037 (12/95)