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Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 I NC.



Principal Place of Business

Mailing Address

572-C APPELYARD DRIVE
TALLAHASSEE FL 32304
US

572-C APPELYARD DRIVE
TALLAHASSEE FL 32304-3834

3. Date Incorporated or Qualified
06/18/1980

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2091522

Applied For
Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

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

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHELT, DENNIS
4020 BUGLEVIEW DR
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

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 office 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MC OUAT, 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 type="checkbox"/> DELETE
NAME	SCOTT, ELTON	
STREET ADDRESS	1201 LEEWOOD DR	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALEXANDER, WALT	
STREET ADDRESS	KILLEARN U.M.C. 2800 SHAMROCK SOUTH	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOUGLAS, JEFF	
STREET ADDRESS	2023 SAND CASTLE DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WHITMYER, GRACE	
STREET ADDRESS	1128 CLARK AVE	
CITY-ST-ZIP	TALLAHASSEE FL	

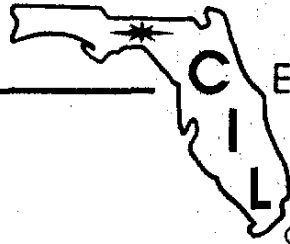
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARSH, LISA
2.3 STREET ADDRESS	RT 22 BOX 180
2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32310
3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SCOTT, ELTON
3.3 STREET ADDRESS	1201 LEEWOOD DR
3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312
4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VON FOSSEN, CARLA
4.3 STREET ADDRESS	916 IMPARACK AVENUE
4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32303
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ALICIA CREW
5.3 STREET ADDRESS	3817 MC FARLANE DRIVE
5.4 CITY-ST-ZIP	TALLAHASSEE, FL 32303
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Harris, Judy
6.3 STREET ADDRESS	3196 FERNS GLENN DRIVE
6.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Sandra Mortham* REQUIRED

2-26-97 (904) 575-9621

CR2E037 (9/96)



ENTER FOR
INDEPENDENT
LIVING
OF NORTH FLORIDA, INC.

Continued from 1997 NONPROFIT CORPORATION ANNUAL REPORT

MAYS, MARGARET
ROUTE 41 BOX 1504
HERRY, FL 32347

RODNEY, OLU
1380 COALA RD, I-4
TALLAHASSEE, FL 32304

STINSON, KENNY
10014 JOURNEYS END
TALLAHASSEE, FL 32312

WARD, MARY ANN
1330 HILLDALE ST. SOUTH
TALLAHASSEE, FL 32311

WATSON, TEDDI
3667 DEXTER DRIVE
TALLAHASSEE, FL 32312