

FILE NOW: FILING FEE IS \$61.25

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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 753011 (6)
1. Corporation Name
CENTER FOR INDEPENDENT LIVING OF NORTH FLORIDA I NC.



Principal Place of Business 572-C APPELYARD DRIVE TALLAHASSEE FL 32304 US	Mailing Address 572-C APPELYARD DRIVE TALLAHASSEE FL 32304
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3. Date Incorporated or Qualified 06/18/1980	
4. FEI Number 59-2091522	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

FL

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: *Dennis Shelt* 3/16/98
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 D	NAME ALICIA CREW	1.1 TITLE D	1.2 NAME Natalie Divito-Standriff
STREET ADDRESS 3817 MCFARLAND DR.	CITY-ST-ZIP TALLAHASSEE FL	1.3 STREET ADDRESS 1331 W. Blockford Court	1.4 CITY-ST-ZIP Tallahassee, FL 32311
TITLE PD	NAME MARSH, LISA	2.1 TITLE D	2.2 NAME Bella Austin
STREET ADDRESS RT 22 BOX 180	CITY-ST-ZIP TALLAHASSEE FL	2.3 STREET ADDRESS 10 Brave Drive	2.4 CITY-ST-ZIP Crawfordville, FL 32327
TITLE VD	NAME SCOTT, ELTON	3.1 TITLE D	3.2 NAME Margaret Mayes
STREET ADDRESS 1201 LEEWOOD DR	CITY-ST-ZIP TALLAHASSEE FL	3.3 STREET ADDRESS 307 N. Peacock Avenue	3.4 CITY-ST-ZIP Perry, FL 32347
TITLE SD	NAME VON FOSSEN, CARIA	4.1 TITLE D	4.2 NAME Maryanne Ward
STREET ADDRESS 916 TAMARACK AVE.	CITY-ST-ZIP TALLAHASSEE FL	4.3 STREET ADDRESS 1330 Hill-N-Dale St. South	4.4 CITY-ST-ZIP Tallahassee, FL 32311
TITLE D	NAME DOUGLAS, JEFF	5.1 TITLE D	5.2 NAME Kenny Stinson
STREET ADDRESS 2023 SAND CASTLE DR	CITY-ST-ZIP TALLAHASSEE FL	5.3 STREET ADDRESS 10014 Journeys End, Tallahassee FL	5.4 CITY-ST-ZIP 32312
TITLE D	NAME HARRIS, JUDY	6.1 TITLE D	6.2 NAME Teddi Watson
STREET ADDRESS 3198 FERNS GLENN DR.	CITY-ST-ZIP TALLAHASSEE FL	6.3 STREET ADDRESS 3667 Dexter Drive	6.4 CITY-ST-ZIP Tallahassee, FL 32312

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0503, 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* Jan. 12, 1998 575-9621

CR2E037 (10/97)

Florida Department of Agriculture
and Consumer Services
BOB CRAWFORD, Commissioner



ATTACHMENT A
Officers, Directors, Trustees, and Principal Salaried Executive Personnel
Solicitation of Contributions
(Chapter 496, Florida Statutes)

SC-01901

Please list officers, directors, trustees, and principal salaried executive personnel: (If none, check here _____ and return.)

1. Name: SHELT, DENNIS Title: EXECUTIVE DIRECTOR
Address: 572-C APPELYARD DRIVE Salaried (Y/N): _____
City, State and ZIP: TALLAHASSEE, FL 32304 Phone: (850) 575-9621
2. Name: MARSH, LISA Title: PRESIDENT
Address: Route 22, Box 180 Salaried (Y/N): _____
City, State and ZIP: TALLAHASSEE, FL 32310 Phone: (H) 575-0079 Fax 574-1248
3. Name: ELTON SCOTT Title: VICE PRESIDENT
Address: 1201 LEEWOOD DRIVE Salaried (Y/N): _____
City, State and ZIP: TALLAHASSEE, FL Phone: (H) 386-5835 (W) 644-7894
4. Name: CARLA VON FOSSEN Title: SECRETARY
Address: 916 Tamarack Avenue Salaried (Y/N): _____
City, State and ZIP: TALLAHASSEE, FL 32303 Phone: (H) 385-0961
5. Name: KENNY STINSON Title: TREASURER
Address: 10014 Journeys End Salaried (Y/N): _____
City, State and ZIP: TALLAHASSEE, FL 32312 Phone: (W) 488 8937
6. Name: DELLA AUSTIN Title: _____
Address: 10 Brave Drive Salaried (Y/N): _____
City, State and ZIP: Crawfordville, FL 32327 Phone: (H) 926-3070
7. Name: ALICIA CREW Title: _____
Address: 3817 McFarlane Drive Salaried (Y/N): _____
City, State and ZIP: Tallahassee, FL 32303 Phone: (H) 644-0553

8. Name: NATALIE DiVITO - STANDRIFF Title: _____
Address: 1331 W. Blockford Court Salaried (Y/N): _____
City, State and ZIP: Tallahassee, FL 32311 Phone: (H) 671-4106 (TDD)

9. Name: JUDY HARRIS Title: _____
Address: 3196 Ferns Glenn Drive Salaried (Y/N): _____
City, State and ZIP: Tallahassee, FL 32308 Phone: (H) 668-2224

10. Name: MARGARET MAYES Title: _____
Address: 307 N. Peacock Avenue Salaried (Y/N): _____
City, State and ZIP: Perry, FL 32347 Phone: (H) 584-6252 (W) 973-5124

11. Name: MARYANNE WARD Title: _____
Address: 1330 Hill-N-Dale St. South Salaried (Y/N): _____
City, State and ZIP: Tallahassee, FL 32311 Phone: (H) 877-1449 (W) 644-4880

12. Name: TEDDI WATSON Title: _____
Address: 3667 Dexter Drive Salaried (Y/N): _____
City, State and ZIP: Talahassee, FL 32312 Phone: (H) 893-0296 (W) 487-3683

13. Name: _____ Title: _____
Address: _____ Salaried (Y/N): _____
City, State and ZIP: _____ Phone: _____

14. Name: _____ Title: _____
Address: _____ Salaried (Y/N): _____
City, State and ZIP: _____ Phone: _____

15. Name: _____ Title: _____
Address: _____ Salaried (Y/N): _____
City, State and ZIP: _____ Phone: _____