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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90192 034 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 753011

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 572-C Appleyard	26 (same)	06/18/1980
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27 (same)	59-2091522
Applied For	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Not Applicable	City & State	6. Election Campaign Financing <input type="checkbox"/>
23 Tallahassee, Florida	28 (same)	Trust Fund Contribution
Zip	Country	\$5.00 May Be Added to Fees
24 32304	25 U.S.A.	29 (same)
30 (same)	31 (same)	

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	Kahn, Janet
82 Street Address (P.O. Box Number is Not Acceptable)	619 Truett Drive
83	
84 City	Tallahassee
85 Zip Code	FL 32303

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 Elton Scott Board President Date 4/1/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Finance Chair <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALICIA CREW	1.2 NAME	Alicia Crew
STREET ADDRESS	3817 MCFARLAND DR.	1.3 STREET ADDRESS	3817 McFarland Drive
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Tallahassee, FL 32303
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSH, LISA	2.2 NAME	
STREET ADDRESS	RT 22 BOX 180	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	Board President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, ELTON	3.2 NAME	Scott, Elton
STREET ADDRESS	1201 LEEWOOD DR	3.3 STREET ADDRESS	1201 Leewood Drive South
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	Tallahassee, FL 32312
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	Board Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VON FOSSEN, CARIA	4.2 NAME	Von Fossen, Carla
STREET ADDRESS	916 TAMARACK AVE.	4.3 STREET ADDRESS	50916 Tamarack Avenue
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	Tallahassee, FL 32303
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Board Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STINSON, KENNY	5.2 NAME	Ward, Maryanne
STREET ADDRESS	10014 JOURNEYS END	5.3 STREET ADDRESS	1330 Hill-N-Dale Street, South
CITY-ST-ZIP	TALLAHASSEE FL 32312	5.4 CITY-ST-ZIP	Tallahassee, FL 32311
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, JUDY	6.2 NAME	Winzig, Liz
STREET ADDRESS	3196 FERNS GLENN DR.	6.3 STREET ADDRESS	502 E. 6th Avenue
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	Tallahassee, FL 32303

14. I 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 with all other like empowered.

SIGNATURE: Elton Scott Date 4/1/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/1/98)