

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753011

FILED
Jan 14, 2008
Secretary of State

Entity Name: CENTER FOR INDEPENDENT LIVING OF NORTH FLORIDA INC.

Current Principal Place of Business:

1823 BUFORD COURT
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

1823 BUFORD COURT
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 59-2091522 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BARRETT, JUDITH
1617 SEMINOLE DRIVE
TALLAHASSEE, FL 32301 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: D () Delete
Name: SANDAHL, CARRIE
Address: 2209 ATAPHA NENE
City-St-Zip: TALLAHASSEE, FL 32301

Title: T () Delete
Name: LUNA, MARC
Address: 3001 SHAMROCK SOUTH
City-St-Zip: TALLAHASSEE, FL 32309

Title: P () Delete
Name: MARTELL, PAUL
Address: 1216 CROSS CREEK CIRCLE
City-St-Zip: TALLAHASSEE, FL 32303

Title: S () Delete
Name: LESLIE, BRUCE
Address: 2253 KILLARNEY WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: BROWN, ALEX
Address: 60 DEERFIELD LANE
City-St-Zip: MONTICELLO, FL 32344

Title: D () Delete
Name: PETIT, JOHN
Address: 2006 THOMASVILLE RD.
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: SANDAHL, CARRIE
Address: 2209 ATAPHA NENE
City-St-Zip: TALLAHASSEE, FL 32301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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Name:
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Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEVEN AMNOTT

FD

01/14/2008

Electronic Signature of Signing Officer or Director

Date