

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753011

FILED
Jan 07, 2011
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
1403 ALBAN AVENUE
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: P
Name: LESLIE, BRUCE
Address: 2253 KILLARNEY WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: T
Name: OVERSTREET, RYAN
Address: 2801 CHANCELLORSVILLE DRIVE, #1401
City-St-Zip: TALLAHASSEE, FL 32312

Title: VP
Name: KANE, MARY
Address: 2418-2 MILLCREEK COURT
City-St-Zip: TALLAHASSEE, FL 32308

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

Title: D
Name: PATCHEN, DIANE
Address: 3804 FORSYTHE WAY
City-St-Zip: TALLAHASSEE, FL 32309

I hereby 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 all other like empowered.

SIGNATURE: JUDITH BARRETT

ED

01/07/2011

Electronic Signature of Signing Officer or Director

Date