

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761764

FILED
Feb 13, 2006
Secretary of State

Entity Name: CENTER FOR INDEPENDENT LIVING OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

3600 N PACE BOULEVARD
PENSACOLA, FL 32505 US

New Principal Place of Business:

Current Mailing Address:

3600 N PACE BOULEVARD
PENSACOLA, FL 32505 US

New Mailing Address:

FEI Number: 59-2288751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHERRY, FRANK G.
3600 N. PACE BLVD
PENSACOLA, FL 32505 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: PD () Delete
Name: RAJAH, RAJIV
Address: 1220 CREST COURT
City-St-Zip: GULF BREEZE, FL 32561

Title: PED () Delete
Name: PATTERSON, SUSAN
Address: 5659 MILLIGAN FORD ROAD
City-St-Zip: PACE, FL 32571

Title: SD () Delete
Name: KOVACS, STEPHANIE
Address: 3095 COBBLESTONE SRIVE
City-St-Zip: PACE, FL 32571

Title: TD () Delete
Name: BOUCHARD, JOHN
Address: 30 E TEXAR DRIVE
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PATTERSON, SUSAN MSW
Address: 5659 MILLIGAN FORD ROAD
City-St-Zip: PACE, FL 32571

Title: PED (X) Change () Addition
Name: SIMMONS, WILLIAM
Address: 3725 BARNWELL CIRCLE
City-St-Zip: PENSACOLA, FL 32503

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 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: SUSAN PATTERSON, MSW

PD

02/13/2006

Electronic Signature of Signing Officer or Director

Date