

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004974

FILED
Jan 05, 2004
Secretary of State

Entity Name: INDEPENDENT GROUP HOME LIVING PROGRAM, INC.

Current Principal Place of Business:

62 PINE STREET
EAST MORICHES, NY 11940

New Principal Place of Business:

Current Mailing Address:

62 PINE STREET
EAST MORICHES, NY 11940

New Mailing Address:

FEI Number: 11-2458584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOCKTON, WALTER
501 RANIER STREET, NE
PALM BAY, FL 32907 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 () Delete
Name: KUHN, KONRAD
Address: 5 WATER RD
City-St-Zip: ROCKY POINT,

Title: T () Delete
Name: FUHRMANN, BRUCE K
Address: 16 LINDA LANE
City-St-Zip: YAPHANK, NY

Title: V () Delete
Name: BOVE, VINNY
Address: 16 SOUNDVIEW DRIVE
City-St-Zip: BELLE TERRE,

Title: SD () Delete
Name: HERUTH, FRED A
Address: 180 LINDEMAN CT
City-St-Zip: YAPHANK, NY

Title: D () Delete
Name: AIELLO, EDNA
Address: 112 HAMPTON VISTAS DR
City-St-Zip: MANORVILLE,

Title: D () Delete
Name: ALPERT, TED
Address: 82 BEACH ROAD
City-St-Zip: WESTHAMPTON BEACH,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 Section 119.07(3)(i), 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: KONRAD KUHN

P

01/05/2004

Electronic Signature of Signing Officer or Director

Date