2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100003053

Entity Name: NATIONAL INDEPENDENT LIVING ASSOCIATION, INC.

Current Principal Place of Business:	New Principal Place of Business:	
4203 SOUTHPOINT BLVD JACKSONVILLE, FL 32216		
Current Mailing Address:	New Mailing Address:	
4203 SOUTHPOINT BLVD JACKSONVILLE, FL 32216		
FEI Number: 73-1389763 FEI Number Applied For()	FEI Number Not Applicable () Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:	

FILED Feb 10, 2005 Secretary of State

CLARK, JAMES D 4203 SOUTHPOINT BLVD JACKSONVILLE, FL 32216 US

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:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title:	ED () Delete	Title:	4203 SOUTHPOINT BLVD	
Name:	DAVALOS, SHELLY R	Name:		
Address:	4203 SOUTHPOINT BLVD	Address:		
City-St-Zip:	JACKSONVILLE, FL 32216	City-St-Zip:		
Title:	C () Delete	Title:	5134 MEADOWLARK DRIVE	
Name:	BRANNEN, DAN	Name:		
Address:	1515 S FEDERAL HWY SUITE 213	Address:		
City-St-Zip:	BOCA RATON, FL 33432	City-St-Zip:		
Title:	VC () Delete	Title:	PO BOX 6123-1789 W JEFFERSON	
Name:	KROLL, BEVERLEE	Name:		
Address:	PO BOX 6123-1789 W JEFFERSON	Address:		
City-St-Zip:	PHOENIX, AZ 85007	City-St-Zip:		
Title:	T () Delete	Title:	634 MARKET AVE	
Name:	PAPALEO, CHRISTINA	Name:		
Address:	4634 MARKET AVE	Address:		
City-St-Zip:	CANTON, OH 44707	City-St-Zip:		
Title:	S () Delete	Title:	S (X) Change () Addition	
Name:	TRINKLE, JOANNE	Name:	TRINKLE, JOANNE S	
Address:	135 WESTERN AVE RICHARDSON HALL 306	Address:	135 WESTERN AVE RICHARDSON HALL	
City-St-Zip:	ALBANY, NY 12222	City-St-Zip:	ALBANY, NY 12222	

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:	SUSAN ALEVY	ED	02/10/2005
	Electronic Signature of Signing Officer or Director		Date