2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006
Secretary of State

DOCUMENT# N01000003053

Entity Name: NATIONAL INDEPENDENT LIVING ASSOCIATION, INC.

Current Principal Place of Business:

4203 SOUTHPOINT BLVD
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4203 SOUTHPOINT BLVD
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 73-1389763 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CLARK, JAMES D
4203 SOUTHPOINT BLVD
JACKSONVILLE, FL 32216 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: ED ( ) Delete
Name: ALEVY, SUSAN ED
Address: 4203 SOUTHPOINT BLVD
City-St-Zip: JACKSONVILLE, FL 32216

Title: C ( ) Delete
Name: O'LEARY, JANE C
Address: 5134 MEADOWLARK DRIVE
City-St-Zip: RAPID CITY, SD 55702

Title: VC ( ) Delete
Name: KROLL, BEVERLEE VC
Address: PO BOX 6123-1789 W JEFFERSON
City-St-Zip: PHOENIX, AZ 85007

Title: T ( ) Delete
Name: PAPALEO, CHRISTINA T
Address: 634 MARKET AVE
City-St-Zip: CANTON, OH 44707

Title: S ( ) Delete
Name: TRINKLE, JOANNE S
Address: 135 WESTERN AVE RICHARDSON HALL
City-St-Zip: ALBANY, NY 12222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VC (X) Change ( ) Addition
Name: KROLL, BEVERLEE VC
Address: 1818 E. SOUTHERN SUITE 17B
City-St-Zip: MESA, AZ 85204

Title: T (X) Change ( ) Addition
Name: PAPALEO, CHRISTINA T
Address: 1634 MARKET AVE SOUTH
City-St-Zip: CANTON, OH 44707

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 ALEVY ED 02/01/2006

Electronic Signature of Signing Officer or Director — Date