

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003053

FILED  
Jan 11, 2008  
Secretary of State

**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: 1818 E. SOUTHERN SUITE 17B  
City-St-Zip: MESA, AZ 85204

Title: T ( ) Delete  
Name: PAPALEO, CHRISTINA T  
Address: 1634 MARKET AVE SOUTH  
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: ( ) Change ( ) Addition  
Name:  
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 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: JAMES D CLARK

PRES

01/11/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date