

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005329

FILED
Jul 09, 2004
Secretary of State

Entity Name: INDEPENDENT LIVING FOUNDATION, INC.

Current Principal Place of Business:

2709 ART MUSEUM DRIVE
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

2709 ART MUSEUM DRIVE
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-3721949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RANDALL, MARCIA
2709 ART MUSEUM DRIVE
JACKSONVILLE, FL 32207

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: VPD () Delete
Name: MCDERMOTT, TIM MR.
Address: 2709 ART MUSEUM DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: STD () Delete
Name: LANDARCHE, PAUL MR.
Address: 2709 ART MUSEUM DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: PD () Delete
Name: LEWIS, JOHN MR.
Address: 2709 ART MUSEUM DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WESTMORELAND, WEST MR.
Address: 2709 ART MUSEUM DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP (X) Change () Addition
Name: WYNN, J.W. MR.
Address: 2709 ART MUSEUM DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: S/T (X) Change () Addition
Name: ALDRIDGE, GENE MR.
Address: 2709 ART MUSEUM DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: MEMB () Change (X) Addition
Name: MILLER, JIM MR.
Address: 2709 ART MUSEUM DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: MEMB () Change (X) Addition
Name: CARTER, STAN MR.
Address: 2709 ART MUSEUM DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: MEMB () Change (X) Addition
Name: JACKSON, BEVERLY MS
Address: 2709 ART MUSEUM DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

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: WEST WESTMORELAND

PRES

07/09/2004

Electronic Signature of Signing Officer or Director

Date