

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000244

FILED  
Apr 25, 2009  
Secretary of State

**Entity Name:** INDEPENDENT LIVING WITH CARE, INC.

**Current Principal Place of Business:**

3833 SW MCKIM STREET  
PORT ST. LUCIE, FL 34983

**New Principal Place of Business:**

3165 SW FAMBROUGH STREET  
PORT ST. LUCIE, FL 34983

**Current Mailing Address:**

P O BOX 880422  
PORT ST. LUCIE, FL 34988

**New Mailing Address:**

**FEI Number:** 26-1703949      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SPIVEY, MICHAEL U  
2310 SE SHELTER DRIVE  
PORT ST. LUCIE, FL 34953      US

**Name and Address of New Registered Agent:**

FRAZER, CRYSTAL S  
2750 NIAGARA AVENUE  
FORT PIERCE, FL 34946      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: CRYSTAL FRAZER

04/25/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FORTE, TISA D  
Address: 3833 SW MCKIM STREET  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: VP ( ) Delete  
Name: FORTE, TISA D  
Address: 3833 SW MCKIM STREET  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: SEC ( ) Delete  
Name: FORTE, TISA D  
Address: 3833 SW MCKIM STREET  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: TRE ( ) Delete  
Name: FORTE, TISA D  
Address: 3833 SW MCKIM STREET  
City-St-Zip: PORT ST. LUCIE, FL 34983

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: FORTE, TISA D  
Address: P O BOX 880422  
City-St-Zip: PORT ST LUCIE, FL 34988

Title: VP (X) Change ( ) Addition  
Name: FORTE, TISA D  
Address: P O BOX 880422  
City-St-Zip: PORT ST. LUCIE, FL 34988

Title: SEC (X) Change ( ) Addition  
Name: FORTE, TISA D  
Address: P O BOX 880422  
City-St-Zip: PORT ST. LUCIE, FL 34988

Title: TRE (X) Change ( ) Addition  
Name: FORTE, TISA D  
Address: P O BOX 880422  
City-St-Zip: PORT ST. LUCIE, FL 34988

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: TISA FORTE

PRE

04/25/2009

Electronic Signature of Signing Officer or Director

Date