

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000005697

FILED  
Mar 07, 2012  
Secretary of State

**Entity Name:** SUPPORTING INDEPENDENT YOUNG ADULTS, INC.

**Current Principal Place of Business:**

2230 FLORA AVE.  
FT. MYERS, FL 33907

**New Principal Place of Business:**

5781 LEE BLVD  
SUITE 208-431  
LEHIGH ACRES, FL 33971

**Current Mailing Address:**

2230 FLORA AVE.  
FT. MYERS, FL 33907

**New Mailing Address:**

5781 LEE BLVD  
SUITE 208-431  
LEHIGH ACRES, FL 33971

**FEI Number:** 27-2516412

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOMMER, JOHN  
2230 FLORA AVE.  
FT. MYERS, FL 33907 US

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

BURKE, LORI  
5781 LEE BLVD  
SUITE 208-431  
LEHIGH ACRES, FL 33971 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: LORI BURKE

03/07/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BELL, JANE  
Address: 5781 LEE BLVD, SUITE 208-431  
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: VP  
Name: BURKE, LORI  
Address: 5781 LEE BLVD, SUITE 208-431  
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: S  
Name: SPECIALE, MELISSA  
Address: 5781 LEE BLVD, SUITE 208-431  
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: T  
Name: MANON, MARIA  
Address: 5781 LEE BLVD, SUITE 208-431  
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: T  
Name: BAILLY, PATTY  
Address: 5781 LEE BLVD, SUITE 208-431  
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: D  
Name: BAILLY, ROGER  
Address: 5781 LEE BLVD, SUITE 208-431  
City-St-Zip: LEHIGH ACRES, FL 33971 US

I hereby 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 all other like empowered.

SIGNATURE: LORI BURKE

VP

03/07/2012

Electronic Signature of Signing Officer or Director

Date