

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004611

FILED
Apr 11, 2012
Secretary of State

Entity Name: CENTRAL FLORIDA CENTER FOR INDEPENDENT LIVING, INC.

Current Principal Place of Business:

1615 HINCKLEY RD
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

3701 POWERS RIDGE CT
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 27-1433858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, CAROL D
3701 POWERS RIDGE CT
ORLANDO, FL 32808 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: P
Name: BROWN, CAROL D
Address: 3701 POWERS RIDGE CT
City-St-Zip: ORLANDO, FL 32808

Title: VP
Name: COOPER, DELORES
Address: 1615 HINCKLEY RD
City-St-Zip: ORLANDO, FL 32818

Title: T
Name: BROWN, IDONICA A
Address: 3617 POWERS RIDGE CT
City-St-Zip: ORLANDO, FL 32808

Title: D
Name: FRAZIER, VINETTA
Address: 3454 RODGERS DR
City-St-Zip: ORLANDO, FL 32805

Title: D
Name: RANSOM, ALEASHA
Address: 1307 HAWKS NEST AVE
City-St-Zip: GROVELAND, FL 34736

Title: D
Name: JONES, FABRIAN
Address: 5243 KEELY CT
City-St-Zip: LAKELAND, FL 33812

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: CAROL BROWN

PRES

04/11/2012

Electronic Signature of Signing Officer or Director

Date