


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90076 015 \*\*\*\*61.25

<b>DOCUMENT # N31624</b>					
<b>1. Entity Name</b> CENTER FOR THE STUDY OF INDEPENDENT LIVING, INCORPORATED					
<b>Principal Place of Business</b> 11428 SW 109TH RD VANDIVER, AL 35176			<b>Mailing Address</b> 11428 SW 109TH RD VANDIVER, AL 35176		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
<b>4. FEI Number</b> 65-0128739				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
PASTERNAK, MARSHALL R 200 S. BISCAYNE BLVD. SUITE 2500 MIAMI, FL 33131			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> DP	<b>NAME</b> FORMAN, LAWRENCE		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 8585 SUNSET DR W ATRIUM	MIAMI, FL		11428 SW 109 Rd. Miami FL. 33176		
<b>CITY-ST-ZIP</b>	MIAMI, FL		11428 SW 109 Rd. Miami FL. 33176		
<b>TITLE</b> DVS	<b>NAME</b> CARRUTHERS, DARLENE		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 8585 SUNSET DR W ATRIUM	MIAMI, FL		11428 SW 109 Rd. Miami FL. 33176		
<b>CITY-ST-ZIP</b>	MIAMI, FL		11428 SW 109 Rd. Miami FL. 33176		
<b>TITLE</b> D	<b>NAME</b> EVANS, PATRICIA D.		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 8585 SUNSET DR. W. ATRIUM	MIAMI, FL 33143		11428 SW 109 Rd. Miami FL 33176		
<b>CITY-ST-ZIP</b>	MIAMI, FL 33143		11428 SW 109 Rd. Miami FL 33176		
<b>TITLE</b> NAME	STREET ADDRESS		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>CITY-ST-ZIP</b>					
<b>TITLE</b> NAME	STREET ADDRESS		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>CITY-ST-ZIP</b>					
<b>TITLE</b> NAME	STREET ADDRESS		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>CITY-ST-ZIP</b>					
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> _____			4/23/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		