

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N31624

1. Entity Name
**CENTER FOR THE STUDY OF INDEPENDENT LIVING,
INCORPORATED**



Principal Place of Business
**11428 SW 109TH RD
MIAMI, FL 33176**

Mailing Address
**11428 SW 109TH RD
MIAMI, FL 33176**

DO NOT WRITE IN THIS SPACE



01222008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0128739

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**PASTERNAK, MARSHALL R
200 S. BISCAYNE BLVD.
SUITE 2500
MIAMI, FL 33131**

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IN THIS SPACE**

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.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FORMAN, LAWRENCE 11428 SW 109TH RD MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS CARRUTHERS, DARLENE 11428 SW 109TH RD MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, PATRICIA D. 11428 SW 109TH RD MIAMI, FL 33176
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05/16/08-80017-008 61.25

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/08

Date

Daytime Phone #