

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36147

FILED
Feb 02, 2009
Secretary of State

Entity Name: COALITION FOR INDEPENDENT LIVING OPTIONS, INC.

Current Principal Place of Business:

6800 FOREST HILL BLVD
WEST PALM BEACH, FL 33413 US

New Principal Place of Business:

Current Mailing Address:

6800 FOREST HILL BLVD
WEST PALM BEACH, FL 33413 US

New Mailing Address:

FEI Number: 65-0174695 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FIELDS, JOSEPH R
4512 N FLAGLER DR
STE 306
WEST PALM BEACH, FL 33407 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: PD () Delete
Name: GAITAN, MARIA
Address: 8501 ELAINE DR
City-St-Zip: BOYNTON BEACH, FL 33472

Title: SD () Delete
Name: FIELDS, JOSEPH R ESQ.
Address: 4512 N. FLAGLER DR. SUITE 306
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VPD () Delete
Name: BALLANCE, PETER
Address: 4206 CAESAR CIRCLE
City-St-Zip: GREENACRES, FL 33463

Title: TD () Delete
Name: PELKEY, REILLY
Address: 8589 SE WILKES PLACE
City-St-Zip: HOBESOUND, FL 33455

Title: EXD () Delete
Name: GENEVIEVE, COUSMINER
Address: 6800 FOREST HILL BLVD
City-St-Zip: WEST PALM BEACH, FL 33413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GENEVIEVE COUSMINER

EXD

02/02/2009

Electronic Signature of Signing Officer or Director

Date