## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N43974**

1. Corporation Name

CENTER FOR INDEPENDENT LIVING OF BROWARD, INC.

CENTER	FOR INDEPENDENT LIVING	OF BROWARD, INC.			,	191942 - 90	DÖ29 - 29	,
Principal Place of Business Mailing Address 8857 W. MCNAB ROAD 8857 W. MCNAB ROAD TAMARAC FL 33321 TAMARAC FL 33321 US								
US		us						
2. Principal Pl	lace of Business	2a. Mailing Address				te Incorporated or Qualifed		
21		26				Number	Appl	ied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				-0292125	<del>    ''-</del>	Applicable
22		27			- 00	TUZJZ 12J	\$8.75 Ad	
City & State	e	City & State			5. Ce	rtifcate of Status Desired [	Fee Req	
Zip	Country	Zip	Country		6. Ele	ection Campaign Financing	\$5.00 №	lay Be
24	25	29 30				ust Fund Contribution	· Added to	Fees
	9. Name and Address of Current	Registered Agent			10. Na	eme and Address of New Reg	istered Agent	
			81	Name	Sciba	Carv		1
LUYTJES, MARTIN				Sciba, Gary Street Address (P.O. Box Number is Not Acceptable)				
			82	0.,000.	7500 NV	V First Court, Ap	ót. 409	
6890 SW 88TH ST., UNIT B-4 MIAMI FL 33156			83					
MIAMITL	33130		84	011			85 Zip Co	ode
				City	Plantati	Lon	FL     3333	17 ]
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes, I	e-named	corporation su	ibmits this statement for the pu	rpose of changing its r	egistered	
office or r	to the provisions of Septions 617.0502 egistered agent, or both in the State of m familier with, and accept the obligation	Florida, Such change was autho	rized by Statutes	the corpo	ration's board	of directors. I hereby accept to	ne appointment as regi	stered
1	The LANGE	PRESIDE				1/	29/99	;
SIGNATURE	Signature, typed or printed arms of registered agent		istered Ager	nt signature n	equired when reins	tating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.			DITIONS/CHANGES TO OFFIC		
TITLE	P /	☑ DELETE	1.1 TITLE		P		Change	☐ Addition
NAME	LUYTJES, MARTIN		1.2 NAME		Gary Sc			
STREET ADDRESS	6890 SW 88TH ST., UNIT B-4		1.3 STREE	TADORESS	7500 NV	V First Court, Ap	pt. 409	
CITY-ST-ZIP	MIAMI FL 33156		1.4 CITY-S	T-ZIP	Planta!	tion, FL 33317		
TITLE			2.1 TITLE			,	Change	☐ Addition
NAME	ZIGMAN, MICHAEL		2.2 NAME					
STREET ADDRESS			2.3 STREE	TADDRESS			-	l
CITY-ST-ZIP	BOCA-RATON FL 33428		2.4 CITY-5	ST-ZIP				
TITLE			3.1 TITLE		S		Change	Addition
NAME	DANIELS, DAVIE					ia Kennedy	•	
STREET ADDRESS	3910 NW 23RD PL		3.3 STREE	TADDRESS		V 80-St.		
CITY-ST-ZIP	COCONUT CREEK FL 33066		3.4. CITY-5	ST-ZIP		· ·	•	
TITLE	T	<b>☑</b> DELETE	4.1 TITLE		Damara	e, FL 33321	Change	☐ Addition
NAME	SCIBA, GARY		4. 2 NAME		Martin	Luytjes		. ]
STREET ADDRESS	l		4.3 STREE	T ADDRESS	6890 SV	V 88th St., Unit	B-4	
CITY-ST-ZIP	PLANTATION FL 33317		4.4 CITY-S	T-ZIP	Miami,	FL 33156		

Plantation, FL 33324 SUNRISE FL 33323 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual 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 truetee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in officer or director of the corpor Block 12 or Block 13 if change with all other like empowered.

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

Nancy Gibson

10501 W. Broward Blvd., Apt. 202

5.4 CITY-ST-ZIP

SIGNATURE:

STEELE, GARETH

5601 SW 1ST CT

SHORE, RONDA

11850 NW 31ST ST

PLANTATION FL 33317

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

DELETE

**FILED** 

03-09-1999 90029 029 \*\*\*\*61.25

Mar 09, 1999 8:00 am § Secretary of State

Addition

X Addition

Change

☐ Change