

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91003 015 ****70.00

DOCUMENT # N43974

1. Entity Name

CENTER FOR INDEPENDENT LIVING OF BROWARD, INC.



Principal Place of Business

**8857 W. MCNAB ROAD
TAMARAC FL 33321
US**

Mailing Address

**8857 W. MCNAB ROAD
TAMARAC FL 33321
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-0292125

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CASTELLANOS, DANIEL
1075 NW 14TH TERR
PEMBROKE PINES FL**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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] - President

4/28/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **KENNEDY, PATRICIA**
STREET ADDRESS **4205 NW 80TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33321**

TITLE **P** ☒ Delete
NAME **CASTELLANOS, DAN**
STREET ADDRESS **1075 NW 14TH TERR.**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **D** ☒ Delete
NAME **STEELE, GARETH**
STREET ADDRESS **5601 SW FIRST CT**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **D** ☒ Delete
NAME **STEELE, GARETH**
STREET ADDRESS **5601 SW 1ST CT**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **D** ☒ Delete
NAME **LEPMAN, JULIETTA**
STREET ADDRESS **3031 N OCEAN DRIVE #302**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☐ Change ☒ Addition
NAME **Ron Miller**
STREET ADDRESS **14660 Madison Pl**
CITY-ST-ZIP **Davie, FL 33325**

TITLE **P** ☒ Change ☐ Addition
NAME **DANIEL CASTELLANOS**
STREET ADDRESS **1075 NW 14TH TERR**
CITY-ST-ZIP **PEMBROKE PINES, FL 33029**

TITLE **T** ☐ Change ☒ Addition
NAME **MICHAEL CURTIS**
STREET ADDRESS **5704 SW 11th Ave**
CITY-ST-ZIP **Cooper City, FL 33330**

TITLE **D** ☐ Change ☒ Addition
NAME **DAVID DANIELS**
STREET ADDRESS **3910 NW 23 Pl**
CITY-ST-ZIP **Coconut Creek, FL 33066**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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] Daniel Castellanos

4/28/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #