


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90076 020 \*\*\*\*70.00

<b>DOCUMENT # N43974</b> 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	4. FEI Number 65-0292125	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CASTELLANAS, DANIEL <i>CASTELLANOS PhD</i> 1075 NW 14TH TERR PEMBROKE PINES, FL			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, PATRICIA 4205 NW 80TH STREET FORT LAUDERDALE, FL 33321		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Andrew Houghton 1140 Lid-flower St. Hollywood, FL 33019	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTELLANOS, DANIEL 9300 SW 2ND ST. PEMBROKE PINES, FL 33029		TITLE NAME STREET ADDRESS CITY-ST-ZIP	James Anderson 3941 NW 30th Terr. #3 Lauderdale Lakes, FL 33309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GORTIS, MICHAEL 5704 SW 119 AVE. COOPER CITY, FL 33330		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHAEL CURTIS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIELS, DAVID 3910 NW 23 PL COCONUT CREEK, FL 33066		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MIDEL, RON 14660 MADISON PL DAVIE, FL 33325		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ron Midel SECRETARY & VICE PRESIDENT	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAGE ROSENFELS 1917 NW 137th Way Pembroke Pines, FL 33028	
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.					
<b>SIGNATURE:</b> <i>Ron Midel</i> <span style="float: right;">4-27-2005</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					