


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90124 012 ****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	4. FEI Number 65-0292125	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CASTELLANOS, DANIEL PHD 1075 NW 14TH TERR PEMBROKE PINES, FL 33136			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE D NAME KENNEDY, PATRICIA STREET ADDRESS 4205 NW 80TH STREET CITY- ST- ZIP FORT LAUDERDALE, FL 33321	TITLE D NAME ROSENFELS, SAGE STREET ADDRESS 1917 NW 139TH CITY- ST- ZIP PEMBROKE PINES, FL 33028				
TITLE P NAME CASTELLANOS, DANIEL STREET ADDRESS 9300 SW 2ND ST. CITY- ST- ZIP PEMBROKE PINES, FL 33029	TITLE S NAME WOLFE, DENISE STREET ADDRESS 871 SE 9TH AVENUE CITY- ST- ZIP POMPADOUR BEACH, FL 33060				
TITLE T NAME CURTIS, MICHAEL STREET ADDRESS 5704 SW 119 AVE. CITY- ST- ZIP COOPER CITY, FL 33330	TITLE NAME STREET ADDRESS CITY- ST- ZIP 				
TITLE D NAME HOUGHTON, ANDREW STREET ADDRESS 1140 LIDFLOWER ST CITY- ST- ZIP HOLLYWOOD, FL 33019	TITLE NAME STREET ADDRESS CITY- ST- ZIP 				
TITLE SV NAME MIDEI, RON STREET ADDRESS 14660 MADISON PL CITY- ST- ZIP DAVIE, FL 33325	TITLE VP NAME MIDEI, RON STREET ADDRESS 14660 MADISON PL CITY- ST- ZIP DAVIE, FL 33325				
TITLE D NAME ANDERSON, JAMES STREET ADDRESS 3941 NW 30TH TERRACE, #3 CITY- ST- ZIP LAUDERDALE LAKES, FL 33309	TITLE NAME STREET ADDRESS CITY- ST- ZIP 				
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					
Date _____ Daytime Phone _____					