

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90052 029 \*\*\*\*\*70.00

**DOCUMENT # N43974**

1. Entity Name



**CENTER FOR INDEPENDENT LIVING OF BROWARD, INC.**

Principal Place of Business

Mailing Address

8857 W. MCNAB ROAD  
TAMARAC FL 33321  
US

8857 W. MCNAB ROAD  
TAMARAC FL 33321  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0292125

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition  
NAME *SEC DENISE WOLFE*  
STREET ADDRESS *871 SE 70 AVE*  
CITY ST ZIP *POMPA NO BEACH FL 33060*

TITLE P ☐ Delete  
NAME CASTELLANOS, DANIEL  
STREET ADDRESS 9300 SW 2ND ST.  
CITY ST ZIP PEMBROKE PINES FL 33029

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE T ☒ Delete  
NAME CURTIS, MICHAEL  
STREET ADDRESS 5704 SW 119 AVE.  
CITY ST ZIP COOPER CITY FL 33330

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE D ☐ Delete  
NAME HOUGHTON, ANDREW  
STREET ADDRESS 1140 LIDFLOWER ST  
CITY ST ZIP HOLLYWOOD FL 33019

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE VP ☐ Delete  
NAME MIDEI, RON  
STREET ADDRESS 14660 MADISON PL  
CITY ST ZIP DAVIE FL 33325

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE D ☐ Delete  
NAME ANDERSON, JAMES  
STREET ADDRESS 3941 NW 30TH TERRACE, #3  
CITY ST ZIP LAUDERDALE LAKES FL 33309

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 exemptions contained in Section 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:

*Karen Deckerhoff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-07 954-722-6400  
Date Daytime Phone #