

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90051 013 ****61.25

DOCUMENT # N43974 1. Entity Name CENTER FOR INDEPENDENT LIVING OF BROWARD, INC.					
Principal Place of Business 4800 N. STATE ROAD 7 SUITE 102 FORT LAUDERDALE, FL 33319-5811			Mailing Address 4800 N. STATE ROAD 7 SUITE 102 FORT LAUDERDALE, FL 33319-5811		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40068114 	
City & State Zip Country		City & State Zip Country		03282008 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0292125				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired - <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTELLANOS, DANIEL PHD 1075 NW 14TH TERR PEMBROKE PINES, FL 33136			7. Name and Address of New Registered Agent Name J. LEILANI KICKLIGHTER Street Address (P.O. Box Number is Not Acceptable) 5102 LAUREL CIRCLE City TAMARAC FL Zip Code 33319		
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 J. Leilani Kicklighter, Secretary <i>J. Leilani Kicklighter</i> 4/8/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, PATRICIA 4205 NW 80TH STREET FORT LAUDERDALE, FL 33321	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ARTHUR KOBRIN 9760 NW 47 DRIVE CORAL SPRINGS, FL 33076	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTELLANOS, DANIEL 9300 SW 2ND ST. PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY J. LEILANI KICKLIGHTER 5102 LAUREL CIRCLE TAMARAC, FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOLFE, DENISE 871 SE 7TH AVE. POMPANO BEACH, FL 33060	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DENISE WOLFE 871 SE 7TH AVE POMPANO BEACH, FL 33060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUGHTON, ANDREW 1140 LIDFLOWER ST HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RON MIDEI 14660 MADISON PLACE DAVIE, FL 33325	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MIDEI, RON 14660 MADISON PL DAVIE, FL 33325	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RON MIDEI 14660 MADISON PLACE DAVIE, FL 33325	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, JAMES 3941 NW 30TH TERRACE, #3 LAUDERDALE LAKES, FL 33309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RON MIDEI 14660 MADISON PLACE DAVIE, FL 33325	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>J. Leilani Kicklighter</i> 4/8/2008 954 722 6400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					