

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44143

FILED
May 06, 2008
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF CENTERS FOR INDEPENDENT LIVING, INC.

Current Principal Place of Business:

325 JOHN KNOX ROAD
BLDG D-107
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

325 JOHN KNOX ROAD
BLDG D-107
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 59-3241960 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SCHMID, MARTINA
325 JOHN KNOX ROAD
BLDG D, SUITE 107
TALLAHASSEE, FL 32303 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: PIERCE, BRENDA
Address: 103400 OVERSEAS HWY, SUITE 243A
City-St-Zip: KEY LARGO, FL 33036

Title: P () Delete
Name: MOTKO, MATTHEW
Address: 2709 ART MUSEUM DR
City-St-Zip: JACKSONVILLE, FL 32207

Title: S () Delete
Name: KENNEDY, WILLIAM
Address: 222 SW 36TH TERRACE
City-St-Zip: GAINESVILLE, FL 32607

Title: ED () Delete
Name: SCHMID, MARTINA
Address: 325 JOHN KNOX ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: T () Delete
Name: BARRETT, JUDITH
Address: 1823 BUFORD CT
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTINA SCHMID

ED

05/06/2008

Electronic Signature of Signing Officer or Director

Date