

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44143

FILED  
Mar 17, 2011  
Secretary of State

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

**Current Principal Place of Business:**

325 JOHN KNOX ROAD  
BLDG C STE 132  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

325 JOHN KNOX ROAD  
BLDG C STE 132  
TALLAHASSEE, FL 32303

**New Mailing Address:**

**FEI Number:** 59-3241960

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHMID, MARTINA  
325 JOHN KNOX ROAD  
BLDG C STE 132  
TALLAHASSEE, FL 32303 US

**Name and Address of New Registered Agent:**

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: PRES  
Name: COX, ROBERT  
Address: 625 HIGHWAY 231  
City-St-Zip: PANAMA CITY, FL 32405

Title: VP  
Name: KITCHENS, KEITH  
Address: 2989 FRUITVILLE RD  
City-St-Zip: SARASOTA, FL 34237

Title: SEC  
Name: RUEHL, BRENDA  
Address: 8901 N. ARMENIA AVE  
City-St-Zip: TAMPA, FL 33604

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

Title: TRSR  
Name: BRUIST, GENE  
Address: 2321 BRUNER  
City-St-Zip: FT. MYERS, FL 33912

Title: P PR  
Name: PIERCE, BRENDA  
Address: 103400 OVERSEAS HWY., STE 243A  
City-St-Zip: KEY LARGO, FL 33037

I hereby 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 all other like empowered.

SIGNATURE: MARTINA SCHMID

ED

03/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date