

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48058

FILED
Jan 05, 2006
Secretary of State

Entity Name: CENTER FOR INDEPENDENT LIVING OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

3626 EVANS AVE.
FT. MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

3626 EVANS AVE.
FT. MYERS, FL 33901

New Mailing Address:

FEI Number: 65-0345103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUSCHONG, RONALD J
3626 EVANS AVE.
FT. MYERS, FL 33901 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: DP () Delete
Name: RAULERSON, CECIL
Address: 3626 EVANS AVENUE
City-St-Zip: FT. MYERS, FL 33901

Title: DT () Delete
Name: TURNER, LYN
Address: 114 SOUTH RD
City-St-Zip: FORT MYERS, FL 33907

Title: D () Delete
Name: MUDD, GROVER
Address: 3626 EVANS AVENUE
City-St-Zip: FORT MYERS, FL 33901

Title: DS () Delete
Name: PUZA, TOM
Address: 1456 BARCELONA AVE
City-St-Zip: FORT MYERS, FL 33907

Title: D () Delete
Name: ROWLAND, CATHY
Address: 17572 LAUREL VALLEY ROAD SE
City-St-Zip: FORT MYERS, FL 33912

Title: DVP () Delete
Name: MCGAHEE, ROSE
Address: 7576 CAMERON CIRCLE
City-St-Zip: FORT MYERS, FL 33912

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:

Title: DVP (X) Change () Addition
Name: GUNTER, JASON
Address: 1617 HENDRY STREET 3RD FLOOR
City-St-Zip: FORT MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the 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: GENE BRUIST

FA

01/05/2006

Electronic Signature of Signing Officer or Director

Date