

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48058

FILED  
Apr 30, 2007  
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:**

2830 WINKLER AVE  
UNIT 201  
FT. MYERS, FL 33916

**Current Mailing Address:**

3626 EVANS AVE.  
FT. MYERS, FL 33901

**New Mailing Address:**

2830 WINKLER AVE  
UNIT 201  
FT. MYERS, FL 33916

**FEI Number:** 65-0345103

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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:**

HENDRICKS, LINDA  
2830 WINKLER AVE  
UNIT 201  
FT. MYERS, FL 33916 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: LINDA HENDRICKS

04/30/2007

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: GUNTER, JASON  
Address: 1617 HENDRY STREET 3RD FLOOR  
City-St-Zip: FORT MYERS, FL 33901

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: RAULERSON, CECIL  
Address: 2830 WINKLER AVE UNIT 201  
City-St-Zip: FORT MYERS, FL 33916

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

Title: D (X) Change ( ) Addition  
Name: MUDD, GROVER  
Address: 2830 WINKLER AVE UNIT 201  
City-St-Zip: FORT MYERS, FL 33916

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: LINDA HENDRICKS

ED

04/30/2007

Electronic Signature of Signing Officer or Director

Date