2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State
02-04-2005 90038 004 ****70.00

66004152

DOCUMENT # N50367

1. Entity Name
CENTER FOR INDEPENDENT LIVING OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
6660 BISCAYNE BLVD 1ST FLOOR MIAMI, FL 33138 US	6660 BISCAYNE BLVD 1ST FLOOR MIAMI, FL 33138 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01062005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0379532 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANHAM, MICHAEL ESQ
19 W. FLAGLER ST., #1102
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name KELLY GREENE
Street Address (P.O. Box Number is Not Acceptable)
6660 Biscayne Boulevard
City Miami FL Zip Code 33138

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 Kelly Greene 1/19/05
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DP ROBERTS, ALVIN WM 1201 NW 16 STREET MIAMI, FL 33125	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV WATSON, DARLENE MSW 7301 LOCH ISLES DR., S. MIAMI LAKES, FL 33014	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Barbara Moss, MS 3090 SW 140th Ave Miramar, FL 33027	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS GOLDFARB, GREGG JD 19 WEST FLAGER STREET, SUTE 703 MIAMI, FL 33130	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BAER, ROCHELLE A MSW 1581 BRICKELL AVENUE, APT 2107 MIAMI, FL 33129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRATZKE, BARBARA BA 2680 SE 7 PLACE HOMESTEAD, FL 33033	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LESSNE, ROBERT PHD 10765 SW 104 STREET MAIMI, FL 33176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kelly Greene 1/19/05 305-757-8025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT #N523607

CENTER FOR INDEPENDENT LIVING OF SOUTH FLORIDA, INC.

66004152

ATTACHMENT

Please add the following individuals as Directors:

Title: D
Darlene Watson, MSW
7301 Loch Isles Dr. S.
Miami Lakes, FL 33014

Title: D
Judge Stephen Mander, J.D
155 South Miami Ave
Ninth Floor
Miami, FL 33128

Title: D
Jose Alfano, MBA
720 Coral Way
Apt 2-B
Miami, FL 33134

Title: D
Ida Tafari, Ph.D.
3014 Florida Ave
Coconut Grove, FL 33133

Title: D
Donald R. Pruessman M.A.
Jackson Medical Towers
1500 NW 12 Ave
Room 1505
Miami, FL 33136

Title: D
Kelly Greene, MS
12 NW 116 St
Miami. FL 33168

CIL of South Florida
6660 Biscayne Blvd.
Miami, Florida 33138-6285

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Toll-free 800-854-7551
www.soflacil.org

CIL of South Florida is sponsored by the U.S. Department of Education, Rehabilitation Services Administration; Florida Department of Education; Division of Vocational Rehabilitation; Social Security Administration; Miami-Dade County Offices of Human Services and Community & Economic Development, and City of Miami.

ATTACHMENT # N50367

CENTER FOR INDEPENDENT LIVING OF SOUTH FLORIDA, INC.

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Title: D
Name: Darlene Watson, MSW
7301 Loch Isles Dr. S.
Miami Lakes, FL 33014

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Name: Judge Stephen Mander, J.D.
155 S. Miami Ave
Ninth Floor
Miami, FL 33128

Title: D
Name: Joseph Alfano, MBA
720 Coral Way
Apt 2-B
Coral Gables, FL 33134

Title: D
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3014 Florida Ave
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