

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50367

FILED
Jan 23, 2007
Secretary of State

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

Current Principal Place of Business:

6660 BISCAYNE BLVD
1ST FLOOR
MIAMI, FL 33138 US

New Principal Place of Business:

Current Mailing Address:

6660 BISCAYNE BLVD
1ST FLOOR
MIAMI, FL 33138 US

New Mailing Address:

FEI Number: 65-0379532 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GREENE, KELLY
12 NW 116 STREET
MIAMI, FL 33168 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: ROBERTS, ALVIN WM
Address: 1201 NW 16 STREET
City-St-Zip: MIAMI, FL 33125 US

Title: DV () Delete
Name: MOSS, BARBARA
Address: 3090 S W 140TH AVE
City-St-Zip: MIAMI, FL 33027 US

Title: DS () Delete
Name: GOLDFARB, GREGG JD
Address: 19 WEST FLAGLER STREET, SUTE 703
City-St-Zip: MIAMI, FL 33130 US

Title: DT () Delete
Name: BAER, ROCHELLE A MSW
Address: 1581 BRICKELL AVENUE, APT 2107
City-St-Zip: MIAMI, FL 33129 US

Title: D () Delete
Name: GRATZKE, BARBARA BA
Address: 2680 SE 7 PLACE
City-St-Zip: HOMESTEAD, FL 33033 US

Title: D () Delete
Name: LESSNE, ROBERT PHD
Address: 10765 SW 104 STREET
City-St-Zip: MAIMI, FL 33176 US

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
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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 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: ALVIN W. ROBERTS

MR.

01/23/2007

Electronic Signature of Signing Officer or Director

Date