

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50367

FILED  
Jan 16, 2009  
Secretary of State

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

**Current Principal Place of Business:**

6660 BISCAYNE BLVD  
MIAMI, FL 33138 US

**New Principal Place of Business:**

**Current Mailing Address:**

6660 BISCAYNE BLVD  
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 W  
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: MIRAMAR, FL 33027 US

Title: DS ( ) Delete  
Name: BAER, ROCHELLE  
Address: 1514 SAN IGNACIO  
City-St-Zip: MIAMI, FL 33146 US

Title: DT ( ) Delete  
Name: ALFANO, JOSEPH  
Address: 720 CORAL WAY  
City-St-Zip: MIAMI, FL 33134 US

Title: D ( ) Delete  
Name: GRATZKE, BARBARA  
Address: 2660 SE 7 PLACE  
City-St-Zip: HOMESTEAD, FL 33033 US

Title: D ( ) Delete  
Name: GOLDFARB, GREGG J.D.  
Address: 1111 BRICKELL AVENUE  
City-St-Zip: MIAMI, FL 33131 US

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

Title: DP (X) Change ( ) Addition  
Name: MOSS, BARBARA M.S.  
Address: 3090 S.W. 140 AVE.  
City-St-Zip: MIRAMAR, FL 33027 US

Title: DV (X) Change ( ) Addition  
Name: ROBERTS, ALVIN W  
Address: 1201 N.W. 16 STREET  
City-St-Zip: MIAMI, FL 33125 US

Title: DS (X) Change ( ) Addition  
Name: BAER, ROCHELLE L.C.S.W  
Address: 1581 BRICKELL AVE., APT. 2107  
City-St-Zip: MIAMI, FL 33129 US

Title: DT (X) Change ( ) Addition  
Name: ALFANO, JOSEPH M.B.A.  
Address: 720 CORAL WAY, APT. 2-B  
City-St-Zip: MIAMI, FL 33134 US

Title: D (X) Change ( ) Addition  
Name: GRATZKE, BARBARA B.A.  
Address: 2660 SE 7 PLACE  
City-St-Zip: HOMESTEAD, FL 33033 US

Title: D (X) Change ( ) Addition  
Name: GOLDFARB, GREGG J.D.  
Address: 1111 BRICKELL AVENUE, SUITE 2050  
City-St-Zip: MIAMI, FL 33131 US

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: BARBARA MOSS

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date