

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002234

FILED  
Jun 30, 2009  
Secretary of State

**Entity Name:** INDEPENDENT LIVING FOR RETARDED ADULTS, INC.

**Current Principal Place of Business:**

8660 S.W. 27TH AVE.  
OCALA, FL 34476 US

**New Principal Place of Business:**

**Current Mailing Address:**

8660 S.W. 27TH AVE.  
OCALA, FL 34476 US

**New Mailing Address:**

**FEI Number:** 59-3231262 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KLEIN, ALINE  
2975 SE 36TH ST.  
OCALA, FL 344718903 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: PD ( ) Delete  
Name: KLEIN, ALINE  
Address: 2975 SE 26TH STREET  
City-St-Zip: OCALA, FL 344718903

Title: VPD ( ) Delete  
Name: MARREN, JOANNE  
Address: 1528 SE 17TH AVENUE  
City-St-Zip: OCALA, FL 34471

Title: TD ( ) Delete  
Name: KLEIN, ROBERT  
Address: 2975 SE 36TH STREET  
City-St-Zip: OCALA, FL 34471

Title: SD ( ) Delete  
Name: ADAMS, RANDY  
Address: 11573 W. HWY #328  
City-St-Zip: OCALA, FL 34482

**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:

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: ALINE KLEIN

PRES

06/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date