

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002234

FILED
Jan 30, 2010
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 ()

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
Name: KLEIN, ALINE
Address: 2975 SE 26TH STREET
City-St-Zip: Ocala, FL 344718903

Title: VPD
Name: MARREN, JOANNE
Address: 1528 SE 17TH AVENUE
City-St-Zip: Ocala, FL 34471

Title: TD
Name: KLEIN, ROBERT
Address: 2975 SE 36TH STREET
City-St-Zip: Ocala, FL 34471

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

I hereby 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 all other like empowered.

SIGNATURE: ALINE KLEIN

PD

01/30/2010

Electronic Signature of Signing Officer or Director

Date