

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005335

FILED  
Jun 23, 2009  
Secretary of State

Entity Name: COMMUNITY LIFE OPTIONS, INC.

**Current Principal Place of Business:**

1422 GLENEAGLES WAY  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 8275  
COCOA, FL 32924

**New Mailing Address:**

FEI Number: 59-3276630      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

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

RENDLA, ALVA  
1422 GLENEAGLES WAY  
ROCKLEDGE, FL 32955      US

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: C      ( ) Delete  
Name: RENDLA, WAYNE  
Address: 1422 GLENEAGLES WAY  
City-St-Zip: ROCKLEDGE, FL 32955

Title: BOD      ( ) Delete  
Name: RENDLA, ALVA  
Address: 1422 GLENEAGLES WAY  
City-St-Zip: ROCKLEDGE, FL 32955

Title: BOD      ( ) Delete  
Name: RENDLA, FRANK  
Address: 5709 VICKERY AVENUE EAST  
City-St-Zip: TACOMA, FL 98443

**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:

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: ALVA RENDLA

BOD

06/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date