

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90018 017 ****70.00

DOCUMENT # N99000004504

1. Entity Name
FLORIDA INDEPENDENT LIVING COUNCIL, INC.



Principal Place of Business
**1018 THOMASVILLE RD., STE. 100-A
TALLAHASSEE, FL 32303 US**

Mailing Address
**1018 THOMASVILLE RD., STE. 100-A
TALLAHASSEE, FL 32303 US**

40040100



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03122008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-3587277

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOSLINE, MOLLY J
1018 THOMASVILLE ROAD STE. 100-A
TALLAHASSEE, FL 32303**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/18/08

**Filing Fee Is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~1VP~~ ☐ Delete
NAME **SACHS, PETER**
STREET ADDRESS **301 YAMATO RD., STE. 4150**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE **President** ☒ Change ☐ Addition
NAME **(Title Change only)**
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~2VP~~ ☐ Delete
NAME **ARCHER, ROSE L**
STREET ADDRESS **398 MOHAWK LANE**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **(Title Change only)**
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~PD~~ ☒ Delete
NAME **WILSON, REMER**
STREET ADDRESS **3672 BRAMBLE ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Doug Hall**
STREET ADDRESS **14050 Edgewater Rd**
CITY-ST-ZIP **Daytona Beach, FL 32114**

TITLE ~~SD~~ ☒ Delete
NAME **CHAPMAN, KRISTI**
STREET ADDRESS **6800 FOREST HILL BOULEVARD**
CITY-ST-ZIP **WEST PALM BEACH, FL 33413**

TITLE **1st Vice President** ☐ Change ☒ Addition
NAME **Holly Miles**
STREET ADDRESS **2201 S. Church Ave**
CITY-ST-ZIP **Tampa, FL 33609**

TITLE ~~TD~~ ☒ Delete
NAME **HERZMAN, WENDI**
STREET ADDRESS **11441 OSCEOLA**
CITY-ST-ZIP **NEWPORT RICHIE, FL 34654**

TITLE **2nd Vice President** ☐ Change ☒ Addition
NAME **Roberta Van Ninkle**
STREET ADDRESS **4082 Chestnut Ave**
CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Member At Large** ☐ Change ☒ Addition
NAME **Rebecca Forsell**
STREET ADDRESS **4508 Stonehenge Rd**
CITY-ST-ZIP **Tampa, FL 33621**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/08

Date

Daytime Phone #