

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 29, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P01000021891**

**1. Entity Name  
THE CENTER FOR INDEPENDENT LIVING INC**



**Principal Place of Business  
4700 BUCHANAN DRIVE  
FORT PIERCE, FL 34982**

**Mailing Address  
4700 BUCHANAN DRIVE  
FORT PIERCE, FL 34982**



**01262005 No Chg-P CR2E034 (10/03)**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
65-1078816**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**IACONA, DONNA J  
1331 SE BUCKINGHAM TERRACE  
PORT ST LUCIE, FL 34952**

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution. ☐**

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

**10. OFFICERS AND DIRECTORS**

**TITLE PD  
NAME IACONA, DONNA J  
STREET ADDRESS 1331 SE BUCKINGHAM TERRACE  
CITY-ST-ZIP PORT ST LUCIE, FL 34952**

**TITLE VD  
NAME IACONA, EUGENE R  
STREET ADDRESS 1331 SE BUCKINGHAM TERRACE  
CITY-ST-ZIP PORT ST LUCIE, FL 34952**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
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CITY-ST-ZIP**

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CITY-ST-ZIP**

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IN THIS SPACE**

**U000000203393  
01/29/05-80028-008 150.00**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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

**1/27/05 772 460-2108**

Date

Daytime Phone #