2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000098484

FILED Jan 18, 2011 Secretary of State

Entity Name: CENTRAL FLORIDA CENTER FOR INDEPENDANT LIVING INC

Current Principal Place of Business: New Principal Place of Business:

1615 HINCKLEY RD. ORLANDO, FL 32818

Current Mailing Address: New Mailing Address:

3701 POWERS RIDGE CT ORLANDO, FL 32808

FEI Number: 27-1433858 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

BROWN, DIANE 3701 POWERS RIDGE CT ORLANDO, FL 32808 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: PRES

Name: BROWN, CAROL D
Address: 3701 POWERS RIDGE CT
City-St-Zip: ORLANDO, FL 32808 US

Title: VP

Name: FRAZIER, VINNETTA
Address: 3701 POWERS RIDGE CT
City-St-Zip: ORLANDO, FL 32808

Title: TRES

Name: BROWN, IDONICA A
Address: 3617 POWERS RIDGE CT
City-St-Zip: ORLANDO, FL 32808

Title: SECR

Name: COOPER, DELORES
Address: 1615 HINCKLEY RD.
City-St-Zip: ORLANDO, FL 32818 US

Title: VP Name: CFCFIL

Address: 3701 POWERS RIDGE CT City-St-Zip: ORLANDO, FL 32808

Title: PRES

Name: CENTRAL FLA CENTER FOR INDEPENDANT LIVING

Address: 1615 HINCKLEY RD. City-St-Zip: ORLANDO, FL 32818

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CAROL BROWN PRES 01/18/2011