FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:20

DOCUMENT # P22376 (8)

1. Corporation Name
CENTER FOR INDEPENDENT LIVING, INCORPORATED

Principal Place of Business	Mailing Address
1514 E CHELSEA ST TAMPA FL 33610 US	12035 SUGARLAND VALLEY DR HERNDON VA 22070 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/03/1989
3a. Date of Last Report: 03/31/1994
4. FEI Number: 54-1440905 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 100 MADISON Street
22 Suite 100
23 TAmpa, FL.
24 Zip 33602 25 Country U.S.

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GOLDSMITH, KAREN E
1420 GENE ST
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TS	1.1 TITLE	P TS	☒ Change ☐ Addition
NAME	MAIKARIAN, ANNE R	1.2 NAME	Edward L. Westbrook	
STREET ADDRESS	13561 AUISTA DR	1.3 STREET ADDRESS	8201 Greensboro Pl. Suite 601	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	McLean, Va 22102	
TITLE	PDT	2.1 TITLE		☐ Change ☐ Addition
NAME	HUTYA, EDWARD A.	2.2 NAME		
STREET ADDRESS	12035 SUGARLAND VALLEY	2.3 STREET ADDRESS		
CITY-ST-ZIP	HERNDON VA	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward G. Hutya Pres. Edward A. Hutya 2/11/95 Date 847 229-7112 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0073872