

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 710148

**FILED**  
**Jan 08, 2015**  
**Secretary of State**  
**CC1063407802**

**Entity Name:** THE CENTER FOR INDEPENDENCE, INC.

**Current Principal Place of Business:**

8726 OLD COUNTY RD 54  
NEW PORT RICHEY, FL 34653

**Current Mailing Address:**

8726 OLD COUNTY RD 54  
NEW PORT RICHEY, FL 34653

**FEI Number:** 59-1492617

**Certificate of Status Desired:** No

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

TORRENCE, ALFRED W JR.  
6709 RIDGE RD  
SUITE 106  
PORT RICHEY, FL 34668 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:** ALFRED TORRENCE, JR

01/08/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CFO  
Name BROOKS, NAOMI S  
Address 8726 OLD COUNTY ROAD 54  
City-State-Zip: NEW PORT RICHEY FL 34653

Title SECRETARY/TREASURER  
Name BOWES, JUDY  
Address 7801 RADCLIFFE CIRCLE  
City-State-Zip: PORT RICHEY FL 34668

Title DIRECTOR  
Name MEMOLI, ROBERT  
Address 1248 SEVEN SPRINGS BLVD.  
STE D  
City-State-Zip: TRINITY FL 34655

Title DIRECTOR  
Name CESARE, LORRAINE  
Address 2150 SEVEN SPRINGS BLVD.  
City-State-Zip: TRINITY FL 34655

Title PRESIDENT  
Name ROE, GREG  
Address 8726 OLD COUNTY ROAD 54  
City-State-Zip: NEW PORT RICHEY FL 34653

Title DIRECTOR  
Name SHELTON, TINA  
Address 10146 SHOOTING STAR COURT  
City-State-Zip: NEW PORT RICHEY FL 34655

Title DIRECTOR  
Name HORTON, GEORGIA  
Address 5725 SALT KETTLE COURT  
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR  
Name GIORDANO, GREG  
Address 8726 OLD COUNTY RD 54  
City-State-Zip: NEW PORT RICHEY FL 34653

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

**SIGNATURE:** NAOMI BROOKS

CFO

01/08/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            HENRY, GREG  
Address        8726 OLD COUNTY RD 54  
City-State-Zip: NEW PORT RICHEY FL 34653