

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753011

FILED
May 12, 2020
Secretary of State
7167793633CC

Entity Name: CENTER FOR INDEPENDENT LIVING OF NORTH FLORIDA INC.

Current Principal Place of Business:

1823 BUFORD COURT
TALLAHASSEE, FL 32308

Current Mailing Address:

1823 BUFORD COURT
TALLAHASSEE, FL 32308 US

FEI Number: 59-2091522

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOORE, DANIEL W
2912 ABBOTSFORD WAY
TALLAHASSEE, FL 32312 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: DANIEL W. MOORE

05/12/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name KITCHEN, RICHARD
Address 1005 E. 7TH AVE.
City-State-Zip: TALLAHASSEE FL 32303

Title VP
Name BARNES, JUDY
Address 669 LITCHFIELD COURT
City-State-Zip: TALLAHASSEE FL 32312

Title PRESIDENT
Name LESLIE, BRUCE
Address 2253 KILLARNEY WAY
City-State-Zip: TALLAHASSEE FL 32309

Title SECRETARY
Name PATCHEN, DIANE
Address 3804 FORSYTHE WAY
City-State-Zip: TALLAHASSEE FL 32309

Title AT LARGE
Name SANDS, KELVIN
Address 9771 N. SR53
City-State-Zip: MADISON FL 32340

Title AT LARGE
Name JENKINS, KYRA
Address 1001 GREEN HILL TRACE
City-State-Zip: TALLAHASSEE FL 32317

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: DIANE PATCHEN

SECRETARY

05/12/2020

Electronic Signature of Signing Officer/Director Detail

Date