

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 753011

**FILED**  
**Feb 17, 2017**  
**Secretary of State**  
**CC8614753652**

**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

02/17/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           LESLIE, BRUCE  
Address        253 KILLARNEY WAY  
City-State-Zip: TALLAHASSEE FL 32309

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

Title           PRESIDENT  
Name           LESLIE, BRUCE  
Address        253 KILLARNEY WAY  
City-State-Zip: TALLAHASSEE FL 32309

Title           SECRETARY  
Name           ZAPATA, SHANNON  
Address        2050 EASTGATE WAY  
City-State-Zip: TALLAHASSEE FL 32308

*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:** BRUCE LESLIE

**PRESIDENT**

02/17/2017

Electronic Signature of Signing Officer/Director Detail

Date