

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 753011

**FILED**  
**Feb 03, 2023**  
**Secretary of State**  
**7819214468CC**

**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:**

BIANCHI, MANDY  
3505 KILKENNY DRIVE WEST  
TALLAHASSEE, FL 32309 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:** MANDY BIANCHI

02/03/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title PRESIDENT  
Name WOODY, MALIKAH  
Address 329 GAWAIN CT.  
City-State-Zip: TALLAHASSEE FL 32301

Title AT LARGE  
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

Title AT LARGE  
Name STEPHENS, CRAIG  
Address 3502 STEWART WAY  
City-State-Zip: TALLAHASSEE FL 32303

Title AT LARGE  
Name ADELUSI, HENRY JR  
Address 216 DIXIE DR  
APT F  
City-State-Zip: TALLAHASSEE FL 32304

Title EXECUTIVE DIRECTOR  
Name BIANCHI, MANDY  
Address 1823 BUFORD COURT  
City-State-Zip: TALLAHASSEE FL 32308-4478

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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:** MANDY BIANCHI

**EXECUTIVE DIRECTOR**

02/03/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            PRESIDENT  
Name            LEE, KIERSTEN  
Address        3804 FORSYTHE WAY  
City-State-Zip: TALLAHASSEE FL 32309

Title            TREASURER  
Name            AUVIL, DANA  
Address        1100 CARISSA DR.  
City-State-Zip: TALLAHASSEE FL 32308

Title            AT LARGE  
Name            SHELLEY, GREG  
Address        368 SAINT ANGELO RD  
City-State-Zip: TALLAHASSEE FL 32308

Title            VP  
Name            MCCRAY, PATRICIA  
Address        1400 VILLAGE SQUARE BLVD  
                  STE. 3-282  
City-State-Zip: TALLAHASSEE FL 32312

Title            AT LARGE  
Name            HAWKINS, LOLITA  
Address        907 CHASE CREEK CIRCLE  
City-State-Zip: TALLAHASSEE FL 32311