

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50367

Entity Name: CENTER FOR INDEPENDENT LIVING OF SOUTH FLORIDA, INC.**Current Principal Place of Business:**4770 BISCAYNE BLVD
150
MIAMI, FL 33137**Current Mailing Address:**4770 BISCAYNE BLVD
150
MIAMI, FL 33137 US**FEI Number:** 65-0379532**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RODRIGUEZ, MARIA
4770 BISCAYNE BLVD
150
MIAMI, FL 33137 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:** MARIA RODRIGUEZ

03/26/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER, SECRETARY
Name ROBERTS, ALVIN
Address P. O. BOX 380251
City-State-Zip: MIAMI FL 33238-0251

Title PRESIDENT
Name GRATZKE, BARBARA
Address 2660 S.E. 7 PLACE
City-State-Zip: HOMESTEAD FL 33033

Title DIRECTOR
Name CHIERNO, SKINNER
Address 780 NW 42 AVE
City-State-Zip: MIAMI FL 33126

Title DIRECTOR
Name BLAIRE, BONNIE
Address 2655 S. LEJEUNE ROAD
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name GRATZKE, WILLIAM
Address 2660 S.E. 7 PLACE
City-State-Zip: HOMESTEAD FL 33033

Title DIRECTOR
Name GREGORY, DAMIAN
Address 11342 SW 163 ST
City-State-Zip: MIAMI FL 33157

Title OFFICER
Name RODRIGUEZ, MARIA
Address 4770 BISCAYNE BLVD
 150
City-State-Zip: MIAMI FL 33137

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: MARIA RODRIGUEZ

OFFICER

03/26/2024

Electronic Signature of Signing Officer/Director Detail

Date