


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90318 025 \*\*\*\*70.00

<b>DOCUMENT # F04000001499</b> 1. Entity Name <b>DISABLED AND ALONE/LIFE SERVICES FOR THE HANDICAPPED, INC.</b>					
Principal Place of Business 352 PARK AVENUE SOUTH, 11TH FLOOR NEW YORK, NY 10010			Mailing Address 352 PARK AVENUE SOUTH, 11TH FLOOR NEW YORK, NY 10010		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number <b>13-3530656</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STIMSON, RICHARD</b> <b>921 ROCKLEDGE DRIVE</b> <b>ROCKLEDGE, FL 32955</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARK, LESLIE D.		NAME	Davidson, Rex L.	
STREET ADDRESS	25 ARBOR LANE		STREET ADDRESS	4-21 27th Ave	
CITY-ST-ZIP	DIX HILLS, NY 11746		CITY-ST-ZIP	Astoria, N.Y. 11102	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, NAOMI DR		NAME		
STREET ADDRESS	45 EAST 89TH STREET, APT. 9E		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10128		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINSKA, STANLEY A1A		NAME		
STREET ADDRESS	27 WEST 24TH STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10010		CITY-ST-ZIP		
TITLE	ASD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, ELIZABETH		NAME		
STREET ADDRESS	100 ALDRICH STREET, APT 10D		STREET ADDRESS		
CITY-ST-ZIP	BRONX, NY 10475		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANNON, WILLIAM J.D.		NAME		
STREET ADDRESS	320 PARK AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 100226839		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN NUYS, PETER		NAME		
STREET ADDRESS	299 PARK AVENUE, 16TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10171		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ *April 12, 2005* **312-532-6742**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #