



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90125 012 ****70.00

DOCUMENT # F04000001499					
1. Entity Name DISABLED AND ALONE/LIFE SERVICES FOR THE HANDICAPPED, INC.					
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 61 Broadway Suite, Apt. #, etc. Suite 510		3. Mailing Address 61 Broadway Suite, Apt. #, etc. Suite 510			
City & State New York, N.Y.		City & State New York, N.Y.		03082006 Chg-NP CR2E037 (11/05)	
Zip 10006		Country USA		4. FEI Number 13-3530656	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STIMSON, RICHARD 921 ROCKLEDGE DRIVE ROCKLEDGE, FL 32955			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PARK, LESLIE D 25 ARBOR LANE DIX HILLS, NY 11746	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLER, NAOMI DR 45 EAST 89TH STREET, APT. 9E NEW YORK, NY 10128	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIDSON, REX L 4-21 27TH AVE ASTORIA, NY 11102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHANNON, WILLIAM J.D. 320 PARK AVENUE NEW YORK, NY 100226839	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VAN NUYS, PETER 299 PARK AVENUE, 16TH FLOOR NEW YORK, NY 10171	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 					
3-13-06 (212) 532-6740					

ATTACHMENT

40033465

"Disabled and Alone" # F04000001499

Life Services for the Handicapped, Inc.

MAIN OFFICE

61 BROADWAY
SUITE 510
NEW YORK, NY 10006
TEL: (212) 532-6740
FAX: (212) 532-3588
March 13, 2006

SOUTHEAST REGIONAL OFFICE

921 ROCKLEDGE DRIVE
ROCKLEDGE, FL 32955
TEL: (321) 576-0020
FAX: (321) 636-5821

Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Re: Disabled and Alone/Life Services for the Handicapped, Inc.
FEI Number: 13-3530656

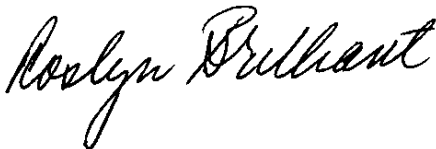
To Whom It May Concern:

Attached please find a completed 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT for Disabled and Alone/Life Services for the Handicapped, Inc. and a check to cover the \$70 to cover the filing fee and a certificate of status.

Please let me know if you need more information.

Thank you for your efforts on our behalf.

Sincerely,



Roslyn Brilliant
Executive Director

Encs.



ATTACHMENT

40033465

~~# FO4000001499~~
ATTACHMENT

ADDITIONS TO OFFICERS AND DIRECTORS IN 10

Title Name Street Address City, State, Zip	D Jerome Belson <i>Belson Enterprises, Inc.</i> 495 Broadway New York, NY 10012
Title Name Street Address City, State, Zip	D Mr. Henry G. Cortes 310 Warren Street Brooklyn, NY 11201
Title Name Street Address City, State, Zip	D Robert Gutheil Episcopal Social Services 305 Seventh Avenue, 4 th Floor New York, NY 10001
Title Name Street Address City, State, Zip	D Wells Jones <i>Guide Dog Foundation of Long Island</i> 371 East Jericho Smithtown, NY 11787
Title Name Street Address City, State, Zip	D Maryl Levine 6128 Maiden Lane Bethesda, MD 20817
Title Name Street Address City, State, Zip	D Eugene Mauro 2 White Birch Road Pound Ridge, NY 10576
Title Name Street Address City, State, Zip	D Joel Sherlock, M.D. 17 Bluff Point Road Northport, NY 11768
Title Name Street Address City, State, Zip	D Dr. Leon Sternfeld 1385 York Avenue New York, NY 10021
Title Name Street Address City, State, Zip	D Mr. John B. Wingate 166-25 Powells Cove Boulevard, # 15H Beechhurst, NY 11357