

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 04, 2004  
Secretary of State**

DOCUMENT# N00000004380

Entity Name: HOME REHABILITATION AND DEVELOPMENT, INC.

**Current Principal Place of Business:**

1010 NORTH MACOM ST.  
APT 116  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

1010 NORTH MACOM ST.  
APT 116  
TALLAHASSEE, FL 32303

**New Mailing Address:**

FEI Number: 59-3658426      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOFF, WILLIAM C  
1010 NORTH MACOMB ST.  
TALLAHASSEE, FL 32303

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DC      ( ) Delete  
Name: MITCHELL, M. MIAISHA  
Address: 2940 GRADY ROAD  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D      ( ) Delete  
Name: INMAN-JOHNSON, DOROTHY  
Address: P.O. DRAWER 1775  
City-St-Zip: TALLAHASSEE, FL 32302

Title: D      ( ) Delete  
Name: HILL, OLIVER SR.  
Address: 1700-165 JOE LOUIS ST.  
City-St-Zip: TALLAHASSEE, FL 32304

Title: DT      ( ) Delete  
Name: TRAPANE, TOM  
Address: 3213 BIG OAK ST.  
City-St-Zip: TALLAHASSEE, FL 32311

Title: M      ( ) Delete  
Name: GOFF, WILLIAM C  
Address: 2411 FORMOSA DR.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D      ( ) Delete  
Name: ISAACS, DAN  
Address: 431 WAVERLY RD.  
City-St-Zip: TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM C. GOFF

DIR

05/04/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date