


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90765 016 ****61.25

DOCUMENT # N00000004380

1. Entity Name
HOME REHABILITATION AND DEVELOPMENT, INC.



Principal Place of Business Mailing Address
2940 GRADY ROAD **2940 GRADY ROAD**
TALLAHASSEE FL 32312 **TALLAHASSEE FL 32312**

2. Principal Place of Business 3. Mailing Address
1010 North Macomb St. **1010 North Macomb St.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
APT. 116 **APT. 116**

City & State City & State
Tallahassee Florida **Tallahassee Florida**

Zip Country Zip Country
32303 **U.S.** **32303** **U.S.**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
MITCHELL, M. MIAISHA
2940 GRADY ROAD
TALLAHASSEE FL 32312

4. FEI Number **59-3658426** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
Name **William C. Goff**
Street Address (P.O. Box Number is Not Acceptable)
1010 North Macomb Street
APT. 116
City **Tallahassee** FL Zip Code **32303**

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 **William C. Goff CEO** *William C. Goff* **4/29/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> Delete
NAME	MITCHELL, M. MIAISHA	
STREET ADDRESS	2940 GRADY ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	INMAN-JOHNSON, DOROTHY	
STREET ADDRESS	P.O. DRAWER 1775	
CITY-ST-ZIP	TALLAHASSEE FL 32302	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, OLIVER SR.	
STREET ADDRESS	1700-165 JOE LOUIS ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	DT	<input type="checkbox"/> Delete
NAME	TRAPANE, TOM	
STREET ADDRESS	3213 BIG OAK ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAMP, ANESHIA	
STREET ADDRESS	1700-135 JOE LOUIS ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	D	<input type="checkbox"/> Delete
NAME	ISAACS, DAN	
STREET ADDRESS	431 WAVERLY RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32312	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	M William C. Goff	
STREET ADDRESS	2411 Formosa Dr.	
CITY-ST-ZIP	TALL. FL 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **William C. Goff** *William C. Goff* **4/29/03** **(850) 513-9100**

CR2E037 (10/02)