

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002017

FILED
Aug 07, 2004
Secretary of State**Entity Name:** VOLUNTEER ASSISTANCE FOR INDEPENDENT LIVING, INC.**Current Principal Place of Business:**SUSAN ESKIN
1702 LOUISIANA RD
SOUTH DAYTONA, FL 32119**New Principal Place of Business:****Current Mailing Address:**V.A.I.L.
1500 BEVILLE RD. SUITE 606 PMB 102
DAYTONA BEACH, FL 321145646**New Mailing Address:**V.A.I.L.
1500 BEVILLE RD. SUITE 606 PMB 102
DAYTONA BEACH, FL 321145646 US**FEI Number:** 59-3706002**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**DAWSON, NANCY
55 KNOLLWOOD ESTATES DR.
ORMOND BEACH, FL 32174 US**Name and Address of New Registered Agent:**PETRO, GREGORY P
1702 LOUISIANA ROAD
SOUTH DAYTONA, FL 32119 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: GREGORY P. PETRO

08/07/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: D () Delete
Name: ESKIN, SUSAN
Address: 1702 LOUISIANA RD
City-St-Zip: SOUTH DAYTONA, FL 32119Title: D () Delete
Name: DAWSON, NANCY
Address: 55 KNOLLWOOD ESTATES DR
City-St-Zip: ORMOND BEACH, FL 32174Title: D () Delete
Name: BIXBY, MARY K
Address: 64 AQUA CT
City-St-Zip: NEW SMYRNA BEACH, FL 32168Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: D (X) Change () Addition
Name: ESKIN, SUSAN
Address: 1702 LOUISIANA RD
City-St-Zip: SOUTH DAYTONA, FL 32119 USTitle: D (X) Change () Addition
Name: DAWSON, NANCY
Address: 55 KNOLLWOOD ESTATES DR
City-St-Zip: ORMOND BEACH, FL 32174 USTitle: D (X) Change () Addition
Name: BIXBY, MARY K
Address: 64 AQUA CT
City-St-Zip: NEW SMYRNA BEACH, FL 32168 USTitle: D () Change (X) Addition
Name: PETRO, GREGORY P
Address: 1702 LOUISIANA ROAD
City-St-Zip: SOUTH DAYTONA, FL 32119 US

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: GREGORY P. PETRO

SECR

08/07/2004

Electronic Signature of Signing Officer or Director

Date