

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002017

FILED  
Apr 13, 2007  
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.  
1702 LOUISIANA ROAD  
SOUTH DAYTONA, FL 32119 US

**New Mailing Address:**

**FEI Number:** 59-3706002

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PETRO, GREGORY P  
1702 LOUISIANA ROAD  
SOUTH DAYTONA, FL 32119 US

**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: D ( ) Delete  
Name: ESKIN, SUSAN  
Address: 1702 LOUISIANA RD  
City-St-Zip: SOUTH DAYTONA, FL 32119 US

Title: D ( ) Delete  
Name: DAWSON, NANCY  
Address: 55 KNOLLWOOD ESTATES DR  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: D ( ) Delete  
Name: BIXBY, MARY K  
Address: 64 AQUA CT  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: D ( ) Delete  
Name: PETRO, GREGORY P  
Address: 1702 LOUISIANA ROAD  
City-St-Zip: SOUTH DAYTONA, FL 32119 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: D ( ) Change (X) Addition  
Name: OBERTO, JUDY  
Address: 163 EAGLE VIEW LANE  
City-St-Zip: PORT LUDLOW, WA 98365

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

D

04/13/2007

Electronic Signature of Signing Officer or Director

Date