

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002017

FILED
Mar 06, 2008
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:

SUSAN ESKIN
1702 LOUISIANA RD
SOUTH DAYTONA, FL 32119

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

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:

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

TREA

03/06/2008

Electronic Signature of Signing Officer or Director

_____ Date