2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003918

FILED Apr 14, 2005 Secretary of State

Entity Nam	ne: FLORIDA	INDEPENDENT SUPPORT (COORDIN	IATORS ASSOCIATION	I, INC.
Current Principal Place of Business:				New Principal Place of Business:	
	IRE AVENUE SEE, FL 3230	03			
Current Mailing Address:				New Mailing Address:	
POST OFFICE BOX 1361 TALLAHASSEE, FL 323021361				POST OFFICE BOX 1361 TALLAHASSEE, FL 32302	
FEI Number:	20-1267119	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:	
LITTLE, BLAKE 831 MCGUIRE AVENUE TALLAHASSEE, FL 32303 US					
The above in the State		ubmits this statement for the	purpose o	f changing its registered	d office or registered agent, or both,
SIGNATUR	E:				
Electronic Signature of Registered Agent					Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PCEO () LITTLE, BLAKE 831 MCGUIRE A TALLAHASSEE,			Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	S () TAYLOR, ANGE 231 AVENUE E APALACHICOLA			Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () RAPP, GAIL 2356 FOXBORG TALLAHASSEE,			Title: Name: Address: City-St-Zip:	() Change () Addition

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: BLAKE LITTLE PCEO 04/14/2005