


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90215 018 \*\*\*\*\*61.25

<b>DOCUMENT # N97000002761</b> 1. Entity Name <b>D.I.S.C., INC. (DEVELOPING INTERFAITH SOCIAL CHANGE)</b>					
Principal Place of Business <b>C/O MARJORIE O'SULLIVAN 224 NE 3RD ST BOCA RATON FL 33432</b>			Mailing Address <b>C/O MARJORIE O'SULLIVAN 224 NE 3RD ST BOCA RATON FL 33432</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>31-1763187</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>O'SULLIVAN, MARJORIE 224 NE 3RD ST BOCA RATON FL 33432</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <i>Marjorie O'Sullivan</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <b>4-18-06</b> <small>(NOTE: Registered Agent signature required when reissuing)</small>	
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'SULLIVAN, MARJORIE		NAME		
STREET ADDRESS	224 NE 3RD ST		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICH, MOLLY		NAME		
STREET ADDRESS	70 SE 11TH ST #11A		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33487		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATHEWS, JULIE		NAME	<i>Julie Mathews</i>	
STREET ADDRESS	<del>6320 BOCA DEL MAR DRIVE #407</del>		STREET ADDRESS	<i>1584 SW 22 Ter.</i>	
CITY-ST-ZIP	<del>BOCA RATON FL 33432</del>		CITY-ST-ZIP	<i>Deerfield Beach, FL 33442</i>	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTIN, ESTRELLA		NAME		
STREET ADDRESS	2100 NW 4TH ST		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** *Marjorie O'Sullivan* **4-18-06 561 395 6029**