


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90200 048 ****61.25

DOCUMENT # N97000002761 1. Entity Name D.I.S.C., INC. (DEVELOPING INTERFAITH SOCIAL CHANGE)					
Principal Place of Business C/O MARJORIE O'SULLIVAN 224 NE 3RD ST BOCA RATON FL 33432			Mailing Address C/O MARJORIE O'SULLIVAN 224 NE 3RD ST BOCA RATON FL 33432		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 31-1763187	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'SULLIVAN, MARJORIE 224 NE 3RD ST BOCA RATON FL 33432				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
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 _____ (NOTE: Registered Agent Signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
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 checked="" type="checkbox"/> Delete <i>Deceased</i>		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 type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHEWS, JULIE			NAME	
STREET ADDRESS	1584 SE 22 TERR			STREET ADDRESS	
CITY- ST- ZIP	DEERFIELD BEACH FL 33442			CITY- ST- ZIP	
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: <i>Marjorie O'Sullivan</i> Marjorie O'Sullivan 4/18/07 561 395 6029 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					