

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90037 043 \*\*\*\*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

Zip

Country

Zip

Country

4. FEI Number

**31-1763187**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**O'SULLIVAN, MARJORIE  
224 NE 3RD ST  
BOCA RATON FL 33432**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	O'SULLIVAN, MARJORIE	
STREET ADDRESS	224 NE 3RD ST	
CITY- ST- ZIP	BOCA RATON FL 33432	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MATHEWS, JULIE	
STREET ADDRESS	1584 SE 22 TERR	
CITY- ST- ZIP	DEERFIELD BEACH FL 33442	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARTIN, ESTRELLA	
STREET ADDRESS	2100 NW 4TH ST	
CITY- ST- ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Matthew, Julie	
STREET ADDRESS	1584 SE 22 Terr	
CITY- ST- ZIP	Deerfield Beach FL 33442	
TITLE	Vice Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Willis, Allen	
STREET ADDRESS	236 B NE 15th Terr	
CITY- ST- ZIP	Boca Raton, FL 33432	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ms Veronica Hart	
STREET ADDRESS	1174 NW 13th St	
CITY- ST- ZIP	Boca Raton, FL 33486	
TITLE	Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mayone O'Sullivan	
STREET ADDRESS	224 NE 3rd St.	
CITY- ST- ZIP	Boca Raton, FL 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:** *Mayone O'Sullivan* **Mayone O'Sullivan** **4-08-08**