

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005031

FILED
Feb 14, 2005
Secretary of State

Entity Name: DISABILITY RESOURCE CENTER, INC.

Current Principal Place of Business:

625 HIGHWAY 231
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

625 HIGHWAY 231
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 38-3680445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAFFIN, REBECCA S
BAY BANK AND TRUST CO.
509 HARRISON AVE., STE. 202
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

DAFFIN, REBECCA S
131 HARRISON AVENUE
PANAMA CITY, FL 32401 US

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: REBECCA S. DAFFIN

02/14/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BEHETY, PEDRO
Address: 3678 UNION HILL ROAD
City-St-Zip: BONIFAY, FL 32425

Title: D () Delete
Name: HAIMAN, DARREN
Address: P.O. BOX 15849
City-St-Zip: PANAMA CITY, FL 32406

Title: D () Delete
Name: CORLEY, KERRY JR.
Address: 1701 GRANT AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: FLOWERS, JANE
Address: GOODWILL INDUSTRIES-3207 EAST 4TH STREET
City-St-Zip: PANAMA CITY, FL 32401

Title: S () Delete
Name: CREEL, JUDY
Address: WORKFORCE CENTER-625 HIGHWAY 231
City-St-Zip: PANAMA CITY, FL 32405

Title: VP () Delete
Name: REHBERG, LYNETTE
Address: 217 ALPINE WAY
City-St-Zip: PANAMA CITY, FL 32404

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DARREN HAIMAN

D

02/14/2005

Electronic Signature of Signing Officer or Director

Date