

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005031

FILED
Jan 09, 2007
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 ()

Name and Address of Current Registered Agent:

CREEL, JUDY
5230 W. HWY 98
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

KAN, CHAUNCEY MR.
97 OAK AVE.
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: CHAUNCEY KAN

01/09/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MRS. () Delete
Name: CREEL, JUDY PRES
Address: 5230 WEST HWY 98
City-St-Zip: PANAMA CITY, FL 32401 US

Title: MR. () Delete
Name: KAN, CHAUNCEY V PRES
Address: 97 OAK AVE
City-St-Zip: PANAMA CITY, FL 32401 US

Title: MRS. () Delete
Name: REHBERG, LYNNETTE TRES
Address: 217 ALPINE WAY
City-St-Zip: PANAMA CITY, FL 32401 US

Title: MR. () Delete
Name: HAIMAN, DARREN SECRET
Address: 1366 WEST 15TH STREET
City-St-Zip: PANAMA CITY, FL 32401 US

Title: MS. () Delete
Name: FLOWERS, JANE L ED
Address: 625 HIGHWAY 231
City-St-Zip: PANAMA CITY, FL 32405 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change () Addition
Name: COX, ROBERT C EXE DIR
Address: 625 HWY 231
City-St-Zip: PANAMA CITY, FL 323405 US

Title: MR. (X) Change () Addition
Name: KAN, CHAUNCEY PRES
Address: 97 OAK AVE
City-St-Zip: PANAMA CITY, FL 32401 US

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

Title: MR. (X) Change () Addition
Name: CORLEY, KERRY V. PRES
Address: 1701 GRANT AVE.
City-St-Zip: PANAMA CITY, FL 32401 US

Title: MRS. (X) Change () Addition
Name: GRAHAM, JULIE SECRET
Address: 133 TWILIGHT BAY DR.
City-St-Zip: PANAMA CITY BEACH, FL 32407 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ROBERT C. COX

ED

01/09/2007

Electronic Signature of Signing Officer or Director

Date