

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005031

FILED  
May 02, 2008  
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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

KAN, CHAUNCEY MR.  
97 OAK AVE.  
PANAMA CITY, FL 32401      US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MR.

05/02/2008

\_\_\_\_\_  
Date