

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005031

FILED
Jan 05, 2012
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:

ROBERT, COX ED
625 HIGHWAY 231
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

ROBERT, COX CEO
625 HIGHWAY 231
PANAMA CITY, FL 32405 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: ROBERT C COX

01/05/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MR.
Name: COX, ROBERT C CEO
Address: 625 HWY 231
City-St-Zip: PANAMA CITY, FL 323405 US

Title: MR.
Name: KEN, HALL P
Address: 336 SPIKES RD
City-St-Zip: SOUTHPORT, FL 32409 US

Title: MR.
Name: HAIRSTON, RANDALL T
Address: 2101 W. HWY 390 #208
City-St-Zip: PANAMA CITY, FL 32444 US

Title: MRS.
Name: NELMS, SHA' V P
Address: 2101 W. HWY 390 #204
City-St-Zip: PANAMA CITY, FL 32444 US

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT C COX

MR.

01/05/2012

Electronic Signature of Signing Officer or Director

Date