2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000009694

1. Entity Name
DISABILITY SOLUTIONS FOR INDEPENDENT LIVING, INC.

Principal Place of Business	Mailing Address
475 SOUTH NOVA ROAD ORMOND BEACH, FL 32174	475 SOUTH NOVA ROAD ORMOND BEACH, FL 32174

DO NOT WRITE IN THIS SPACE

04132007 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-1755435
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHAW, JULIE M
475 SOUTH NOVA ROAD
ORMOND BEACH, FL 32174

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HEIN, IRENE MOSES
STREET ADDRESS	2131 HONTOON ROAD
CITY-ST-ZIP	DELAND, FL 32720
TITLE	VP
NAME	ABELS, KATE
STREET ADDRESS	343 AUBURN DRIVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	ST
NAME	RIMMER, ANN
STREET ADDRESS	1676 TOWN PARK DRIVE
CITY-ST-ZIP	PORT ORANGE, FL 32129
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000715275
04/27/07-80057-009 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Julie M Shaw, Exec Dir 4/13/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #