

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009694

FILED
Mar 26, 2009
Secretary of State

Entity Name: DISABILITY SOLUTIONS FOR INDEPENDENT LIVING, INC.

Current Principal Place of Business:

119 SOUTH PALMETTO AVE, SUITE 180
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

119 SOUTH PALMETTO AVE, SUITE 180
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 20-1755435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAW, JULIE M
475 SOUTH NOVA ROAD
ORMOND BEACH, FL 32174 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: P () Delete
Name: ABELS, KATE
Address: 343 AUBURN DRIVE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: VP () Delete
Name: BROWN, ELANOR
Address: 737 GREEN AVENUE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: ST () Delete
Name: FRANCE, J. GREG
Address: 168 COMMUNITY DRIVE
City-St-Zip: DEBARY, FL 32713

Title: MEMB () Delete
Name: RABIN, ALAN J
Address: 525 SHADOW LAKES
City-St-Zip: ORMOND BEACH, FL 32174

Title: MEMB () Delete
Name: CUEVAS, NAYDA I
Address: 2063 KELVIN CT.
City-St-Zip: DELTONA, FL 32738

Title: MEMB () Delete
Name: CAMPBELL, KAROLYN
Address: PO BOX 10395
City-St-Zip: DAYTONA BEACH, FL 32120

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 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: JULIE M SHAW

ED

03/26/2009

Electronic Signature of Signing Officer or Director

Date