

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009694

FILED  
May 13, 2010  
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 ( )**  
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:**

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

**Name and Address of New Registered Agent:**

SHAW, JULIE M  
119 SOUTH PALMETTO AVE., SUITE 180  
DAYTONA BEACH, FL 32114      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: \_\_\_\_\_

Electronic Signature of Registered Agent

05/13/2010

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ABELS, KATE  
Address: 343 AUBURN DRIVE  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: VP  
Name: BROWN, ELANOR  
Address: 737 GREEN AVENUE  
City-St-Zip: DAYTONA BEACH, FL 32114

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

Title: MEMB  
Name: MULVHILL, PATRICK  
Address: 25 SEDERHOLM PATH  
City-St-Zip: PALM COAST, FL 32164

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

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

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: JULIE M SHAW

Electronic Signature of Signing Officer or Director

ED

05/13/2010

Date