

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009694

FILED
Mar 01, 2011
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
119 SOUTH PALMETTO AVE., SUITE 180
DAYTONA BEACH, FL 32114 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
Name: ABELS, KATE
Address: 343 AUBURN DRIVE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: T
Name: RABIN, ALLEN J
Address: 525 SHADOW LAKES
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP
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: S
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

ED

03/01/2011

Electronic Signature of Signing Officer or Director

Date