

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED

06 JAN 31 PM 1:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01242006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # 741779</b>			
1. Entity Name <b>PARALYZED VETERANS ASSOCIATION OF FLORIDA, INC.</b>			
Principal Place of Business <b>3799 NORTH ANDREWS AVE. FORT LAUDERDALE, FL 33309</b>		Mailing Address <b>3799 NORTH ANDREWS AVE. FORT LAUDERDALE, FL 33309</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-1731533</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>RAZZANO, ERNEST A 6523 NW 28TH COURT MARGATE, FL 33083</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEDRO DE ARMAS</b>	NAME	<b>800065598118</b>
STREET ADDRESS	<b>1206 ROYAL TERN DR</b>	STREET ADDRESS	<b>02/10/06--01080--014 **70.00</b>
CITY-ST-ZIP	<b>PUNTA GORDA, FL 33950</b>	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, JERRY D.</b>	NAME	
STREET ADDRESS	<b>936 INTRACOASTAL, #703</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33304</b>	CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JONES, JERRY</b>	NAME	<b>Michael Foster</b>
STREET ADDRESS	<b>6537 JOG ESTATES LANE</b>	STREET ADDRESS	<b>3311 NW 96 Way</b>
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33437</b>	CITY-ST-ZIP	<b>SUNRISE, FL 33351</b>
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DURHAM, BEVERLY</b>	NAME	
STREET ADDRESS	<b>5530 NW 77 CT</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT CREEK, FL 33073</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALTER REX</b>	NAME	<b>Walter Rex</b>
STREET ADDRESS	<b>9656 ARAIA WAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33436</b>	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLLETTE, THOMAS E</b>	NAME	
STREET ADDRESS	<b>15326 LAKE WILDFLOWER ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33484</b>	CITY-ST-ZIP	
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: <i>Thomas E. Collette</i>		Date: <i>1/25/06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone # <i>954-565-8885</i>	