


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90001 028 \*\*\*\*70.00

**DOCUMENT # 741779**

1. Entity Name  
**PARALYZED VETERANS ASSOCIATION OF FLORIDA, INC.**



Principal Place of Business  
**3799 NORTH ANDREWS AVE.  
 FORT LAUDERDALE, FL 33309**

Mailing Address  
**3799 NORTH ANDREWS AVE.  
 FORT LAUDERDALE, FL 33309**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip Country Zip Country

02212007 Chg-NP CR2E037 (12/06)



4. FEI Number  
**59-1731533**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**RAZZANO, ERNEST A  
 6523 NW 28TH COURT  
 MARGATE, FL 33063**

7. Name and Address of New Registered Agent  
 Name **CHUCK RIVENBURGH**  
 Street Address (P.O. Box Number is Not Acceptable)  
**MIAMI VAMC NH 2, RM 250  
 1201 NW 16 STREET**  
 City **MIAMI** FL Zip Code **33125**

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

Filing Fee is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DE ARMAS, PEDRO 1206 ROYAL TERN DR PUNTA GORDA, FL 33950 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHUCK RIVENBURGH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MIAMI VAMC NH 2, RM 250 1201 NW 16 ST. MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD JONES, JERRY D 936 INTRACOASTAL, #703 FT. LAUDERDALE, FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FOSTER, MICHAEL 3311 NW 96 WAY SUNRISE, FL 33351 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ENRIQUE LOPEZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8168 SW 166 ST MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALTER, REX 9656 ARLIA WAY BOYNTON BEACH, FL 33436 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GORDON MOBLEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5100 SW 90 AVE #403 COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COLLETTE, THOMAS E 15326 LAKE WILDFLOWER ROAD DELRAY BEACH, FL 33484 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE **Jerry D. Jones, Treasurer**  
 Signature and typed or printed name of signing officer or director

Date **954-565-8885** Daytime Phone #