

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741779

FILED
Jan 14, 2009
Secretary of State

Entity Name: PARALYZED VETERANS ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

3799 NORTH ANDREWS AVE.
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

3799 NORTH ANDREWS AVE.
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 59-1731533 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RIVENBURGH, CHUCK
MIAMI VAMC NH2, RH 250
1201 NW 16TH STREET
MIAMI, FL 33125 US

Name and Address of New Registered Agent:

RIVENBURGH, CHARLES W
MIAMI VAMC NH2, RH 250
1201 NW 16TH STREET
MIAMI, FL 33125 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: CHARLES W. RIVENBURGH 01/14/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RIVENBURGH, CHUCK
Address: MIAMI VAMC NH2, RM 250 1201 NW 16TH ST.
City-St-Zip: MIAMI, FL 33125

Title: TD () Delete
Name: JONES, JERRY D
Address: 936 INTRACOASTAL, #703
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: SD () Delete
Name: LOPEZ, ENRIQUE
Address: 8168 SW 166TH STREET
City-St-Zip: MIAMI, FL 33193

Title: D () Delete
Name: MOBLEY, GORDON
Address: 5100 SW 90TH AVE., 403
City-St-Zip: COOPER CITY, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RIVENBURGH, CHARLES W
Address: MIAMI VAMC NH2, RM 250 1201 NW 16TH ST.
City-St-Zip: MIAMI, FL 33125

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: CHARLES W. RIVENBURGH PD 01/14/2009
Electronic Signature of Signing Officer or Director Date