

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741779

FILED
Jan 05, 2010
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, CHARLES W
MIAMI VAMC NH2, RH 250
1201 NW 16TH STREET
MIAMI, FL 33125 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: RIVENBURGH, CHARLES W
Address: MIAMI VAMC NH2, RM 250 1201 NW 16TH ST.
City-St-Zip: MIAMI, FL 33125

Title: T
Name: JONES, JERRY D
Address: 3799 NORTH ANDREWS AVENUE
City-St-Zip: OAKLAND PARK, FL 33309

Title: S
Name: BLOCHER, LAWRENCE
Address: 3799 NORTH ANDREWS AVENUE
City-St-Zip: OAKLAND PARK, FL 33309

Title: D
Name: MOBLEY, GORDON
Address: 3799 NORTH ANDREWS AVENUE
City-St-Zip: OAKLAND PARK, FL 33309

Title: VP
Name: JONES, GERALD
Address: 3799 NORTH ANDREWS AVENUE
City-St-Zip: OAKLAND PARK, FL 33309

Title: D
Name: CARVAJAL, ANIBAL
Address: 3799 NORTH ANDREWS AVENUE
City-St-Zip: OAKLAND PARK, FL 33309

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: MICHAEL FOSTER

ED

01/05/2010

Electronic Signature of Signing Officer or Director

Date