

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741779

FILED  
Jan 06, 2011  
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:**

RIVENBURGH, CHARLES W III  
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 III

01/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RIVENBURGH, CHARLES W III  
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: ENRIQUE, LOPEZ  
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: CHARLES W. RIVENBURGH III

P

01/06/2011

Electronic Signature of Signing Officer or Director

Date