

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 749316 (6)**

1. Corporation Name  
**FLORIDA SUNSPOKES WHEELCHAIR SPORTS AND RECREATION ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**7736 MITCHELL RANCH RD.  
NEW PORT RICHEY FL 34655**      **7736 MITCHELL RANCH RD.  
NEW PORT RICHEY FL 34655**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**10/15/1979**      **04/12/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		<b>NOT APPLICABLE</b>		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		24		30	
Zip		Country		Zip		Country	
25		29		25		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BIANCHI, ERIKA 7736 MITCHELL RANCH RD. NEW PORT RICHEY FL 34655</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<b>FL</b>			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Erika J. Bianchi      Date: 2/7/96  
Signature, typed or printed name of registered agent and filer if applicable      (If Old Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SULLIVAN, JOHN			1.2 NAME			
STREET ADDRESS	5102 BELMERE PKWY #1603			1.3 STREET ADDRESS	10603 CHAMBERS DR.		
CITY-STATE-ZIP	TAMPA FL			1.4 CITY-STATE-ZIP	TAMPA, FL 33626		
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BIANCHI, ERIKA			2.2 NAME			
STREET ADDRESS	7736 MITCHELL RANCH RD			2.3 STREET ADDRESS			
CITY-STATE-ZIP	NEW PORT RICHEY FL			2.4 CITY-STATE-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIGLER, EUGENE			3.2 NAME	9405 EDENTON WAY		
STREET ADDRESS	13135 VILLAGE CHASE			3.3 STREET ADDRESS	TAMPA, FL 33626		
CITY-STATE-ZIP	TAMPA FL			3.4 CITY-STATE-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLER, KEN			4.2 NAME			
STREET ADDRESS	6024 WILSHIRE DR.			4.3 STREET ADDRESS	TAMPA, FL 33615		
CITY-STATE-ZIP	TAMPA, FL 00000			4.4 CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-STATE-ZIP				5.4 CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-STATE-ZIP				6.4 CITY-STATE-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Erika J. Bianchi      Date: 2/7/96      Daytime Phone #: 813-376-1980  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #

CR2E037 (12/95)