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**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90181 050 \*\*\*\*61.25

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 749316**

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

10/15/1979

22 City & State

27 City & State

4. FEI Number

Applied For

23 Zip

Country

28 Zip

Country

NOT APPLICABLE

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24

25

29

30

6. Election Campaign Financing Trust fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BIANCHI, ERIKA  
 7736 MITCHELL RANCH RD.  
 NEW PORT RICHEY FL 34655

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD  DELETE  
 NAME SULLIVAN, JOHN  
 STREET ADDRESS 101 S. OLD COACHMAN RD. #815  
 CITY-ST-ZIP CLEARWATER FL 33765

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE TD  DELETE  
 NAME BIANCHI, ERIKA  
 STREET ADDRESS 7736 MITCHELL RANCH RD  
 CITY-ST-ZIP NEW PORT RICHEY FL 34655

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE VD  DELETE  
 NAME SIGLER, EUGENE  
 STREET ADDRESS 9405 EDENTON WAY  
 CITY-ST-ZIP TAMPA FL 33625

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE PD  DELETE  
 NAME MILLER, KEN  
 STREET ADDRESS 6024 WILSHIRE DR.  
 CITY-ST-ZIP TAMPA FL 33615

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.37(3)(i), 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, with all other like empowered.

SIGNATURE:

*Erika Bianchi*  
 ERIKA BIANCHI, REGISTERED AGENT

4-27-99 737-376-1980

CR2E037 (11/98)