


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90033 036 ****61.25

DOCUMENT # F00000004539
 1. Entity Name
 WHEELCHAIR FOUNDATION, INC.



Principal Place of Business
 3820 BLACKHAWK ROAD
 DANVILLE, CA 94506-4617

Mailing Address
 3820 BLACKHAWK ROAD
 DANVILLE, CA 94506-4617

40022415



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01312005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
 94-3353881

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KALINOSKI, SHARON
 2131 HOLLYWOOD BLVD STE 505
 HOLLYWOOD, FL 33020-6753

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
 Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to
 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BEINKE, STEPHEN	
STREET ADDRESS	3820 BLACKHAWK ROAD	
CITY-ST-ZIP	DANVILLE, CA 94506	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BEHRING, DAVID E	
STREET ADDRESS	3820 BLACKHAWK ROAD	
CITY-ST-ZIP	DANVILLE, CA 945064617	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CALLISON, EARL J	
STREET ADDRESS	376 SHIRE OAK CT	
CITY-ST-ZIP	LAFAYETTE, CA 94549	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	STEIN, ELLIOT D	
STREET ADDRESS	4132 WHISPERING OAKS LANE	
CITY-ST-ZIP	DANVILLE, CA 94506	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RUDD, CHRISTOPHER L	
STREET ADDRESS	2055 E PACIFIC COAST HWY	
CITY-ST-ZIP	MALIBU, CA 90265	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BEHRING, KENNETH E	
STREET ADDRESS	3820 BLACKHAWK RD	
CITY-ST-ZIP	DANVILLE, CA 94506	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTOPHER J. LEWIS	
STREET ADDRESS	9000 CROW CANYON ROAD, S-133	
CITY-ST-ZIP	DANVILLE, CA 94506	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR JOHN WILHELMEY, MD	
STREET ADDRESS	5201 NORRIS CANYON ROAD #300	
CITY-ST-ZIP	SAN RAMON, CA 94506	
TITLE	V, D, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNON, EARL J.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all changes.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/11/04 Daytime Phone # _____

COPY