


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90021 007 ****61.25

DOCUMENT # N47122
1. Entity Name
NATIONAL WHEELCHAIR SPORTS FUND, INC.



Principal Place of Business Mailing Address
251 S COUNTY RD 251 S. COUNTY ROAD
PALM BEACH FL 33480 PALM BEACH FL 33480
US US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number Applied For
58-1727596 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required
 Not Applicable

6. Name and Address of Current Registered Agent
SIMS, H. BRYANT
7301 S DIXIE HWY.
WEST PALM BCH. FL 33405

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	KARR, VERENA S	
STREET ADDRESS	3595 ROYAL TERN CIRCLE	
CITY-ST-ZIP	BOYNTON BCH FL 33436	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FISHER, LESTER B JR.	
STREET ADDRESS	932-AMETHYST	
CITY-ST-ZIP	JEFFERSON CITY MO 65109	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KARR, BRUCE L	
STREET ADDRESS	3595 ROYAL TERN CIRCLE	
CITY-ST-ZIP	BOYNTON BCH. FL 33436	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOPER, RICHARD F JR	
STREET ADDRESS	1805 TALON CT.	
CITY-ST-ZIP	KELLER TX 76248	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAIRBANKS, WILLIAM B	
STREET ADDRESS	2 BIRDIE LANE	
CITY-ST-ZIP	COTO DE CAZA CA 92679	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	127 EAST CIRCLE	
CITY-ST-ZIP	JEFFERSON CITY MO 65109	
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 other like empowered.

SIGNATURE: *Dwice L. Karr* **BRUCE L. KARR** 3/9/05 (561)655-4930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #