


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90046 026 ****61.25

DOCUMENT # N47122					
1. Entity Name NATIONAL WHEELCHAIR SPORTS FUND, INC.					
Principal Place of Business 251 S COUNTY RD PALM BEACH, FL 33480 US			Mailing Address 251 S. COUNTY ROAD PALM BEACH, FL 33480 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 58-1727596	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SIMS, H. BRYANT 7301 S DIXIE HWY. WEST PALM BCH., FL 33405			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KARR, VERENA S	NAME			
STREET ADDRESS	3595 ROYAL TERN CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BCH, FL 33436	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FISHER, LESTER B JR.	NAME			
STREET ADDRESS	127 E CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	JEFFERSON CITY, MO 65109	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KARR, BRUCE L	NAME			
STREET ADDRESS	3595 ROYAL TERN CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BCH., FL 33436	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COOPER, RICHARD F JR	NAME	4205 REMINGTON PARK COURT		
STREET ADDRESS	1805 TALON CT.	STREET ADDRESS	FLOWER MOUND, TX 75028		
CITY-ST-ZIP	KELLER, TX 76248	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FAIRBANKS, WILLIAM B	NAME	3504 E. BARDON COURT		
STREET ADDRESS	2 BIRDIE LANE	STREET ADDRESS	ORANGE, CA 92869		
CITY-ST-ZIP	COTO DE CAZA, CA 92679	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Bruce L. Karr</i> PRESIDENT				1/24/06 (561) 655-4930	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	