

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 MAY -1 11 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004876 (8)

1. Corporation Name

MANASOTA HURRICANES WHEELCHAIR SPORTS INC.

Principal Place of Business

1840 2ND AVE E
BRADENTON FL 34208

Mailing Address

1840 2ND AVE E
BRADENTON FL 34208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1994

3a. Date of Last Report

N.A.

4. FCI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under § 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21. SAME

2a. Mailing Address

26. SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

MONTGOMERY, RICHARD L
1840 2ND AVE E
BRADENTON FL 34208

10. Name and Address of New Registered Agent

81. Name

SAME

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and typed or printed name of corporation)

Signature (typed or printed name of registered agent and typed or printed name of corporation)

Date

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MONTGOMERY, RICHARD L
STREET ADDRESS	1840 2ND AVE E
CITY, ST, ZIP	BRADENTON FL 34208
TITLE	D
NAME	ZIMMERMAN, JEFF
STREET ADDRESS	1840 2ND AVE E
CITY, ST, ZIP	BRADENTON FL 34208
TITLE	D
NAME	SUNLEY, GARY
STREET ADDRESS	1840 2ND AVE E
CITY, ST, ZIP	BRADENTON FL 34208
TITLE	D
NAME	ELLER, TOM
STREET ADDRESS	1840 2ND AVE E
CITY, ST, ZIP	BRADENTON FL 34208
TITLE	D
NAME	DMUCHOWSKI, MARK
STREET ADDRESS	1840 2ND AVE E
CITY, ST, ZIP	BRADENTON FL 34208
TITLE	D
NAME	DMUCHOWSKI, MARK
STREET ADDRESS	1840 2ND AVE E
CITY, ST, ZIP	BRADENTON FL 34208

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, 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)(b), 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: Richard L. Montgomery

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul J. Morgan

7-26-95

Date

813-497-6388

Telephone Number