

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION.  
ANNUAL REPORT  
1996



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

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



2. Principal Place of Business

21 2160 CAMBRIDGE DR

Suite, Apt. #, etc.

22

City & State

23 VENICE FL

Zip

24 34293

Country

25 USA

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

10/03/1994

3a. Date of Last Report

05/01/1995

4. FEI Number 65-0602556  
APPLIED FOR

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes



No

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

Richard L. MONTGOMERY

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

2160 CAMBRIDGE DRIVE

83

84 City

VENICE

FL

85 Zip Code

34293

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

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

1.1 TITLE D  
1.2 NAME MONTGOMERY, Richard L.  
1.3 STREET ADDRESS 2160 CAMBRIDGE DRIVE  
1.4 CITY-ST-ZIP VENICE FL.

2.1 TITLE D  
2.2 NAME ZIMMERMAN, JEFF  
2.3 STREET ADDRESS 3503 36TH ST. EAST  
2.4 CITY-ST-ZIP BRADENTON FL 34208

3.1 TITLE D  
3.2 NAME SUNLEY, GARY  
3.3 STREET ADDRESS 5301 14TH ST EAST  
3.4 CITY-ST-ZIP EURENTO FL 34222

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

5.1 TITLE D  
5.2 NAME DMUCHOWSKI, MARK  
5.3 STREET ADDRESS 5928 13TH ST. EAST  
5.4 CITY-ST-ZIP BRADENTON FL 34203

6.1 TITLE D  
6.2 NAME DON DAWKINS  
6.3 STREET ADDRESS Proctor Road (3251 Proctor Road)  
6.4 CITY-ST-ZIP SARASOTA, FL. 34231

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)(k), 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

8-2-96

Date

941-493-0016

Daytime Phone

CR2E037 (3/96)