

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # N94000004876

1. Entity Name
SUNCOAST WHEELCHAIR ATHLETIC ASSOCIATION,
INC.



Principal Place of Business
5593 CEDAR OAK BLVD.
SARASOTA, FL 34233

Mailing Address
5593 CEDAR OAK BLVD.
SARASOTA, FL 34233



04292006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0602556

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WETHERINGTON, BILLY
677 N WASHINGTON BLVD
STE 39
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HOOPER, ED
STREET ADDRESS 5593 CEDAR OAK BLVD.
CITY-ST-ZIP SARASOTA, FL 34233

TITLE TD
NAME O'CONNOR, PATRICK
STREET ADDRESS 6110 PINE TREE DR
CITY-ST-ZIP BRADENTON, FL 34202

TITLE SD
NAME WETHERINGTON, BILLY
STREET ADDRESS 677 N WASHINGTON # 39
CITY-ST-ZIP SARASOTA, FL 34236

TITLE D
NAME DAWKINS, DON
STREET ADDRESS 2300 FAIR FIELD AVE.
CITY-ST-ZIP SARASOTA, FL 34232

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000549288
05/13/06-80013-018 70.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BILLY WETHERINGTON
SECRETARY

Date

Daytime Phone #

4/29/2006 941-954-8688