

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741779

**FILED**  
**Jan 06, 2016**  
**Secretary of State**  
**CC6197114424**

**Entity Name:** PARALYZED VETERANS ASSOCIATION OF FLORIDA, INC.

**Current Principal Place of Business:**

3799 NORTH ANDREWS AVE.  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

3799 NORTH ANDREWS AVE.  
FORT LAUDERDALE, FL 33309

**FEI Number:** 59-1731533

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

RIVENBURGH, CHARLES WILL  
MIAMI VAMC NH2, RH 250  
1201 NW 16TH STREET  
MIAMI, FL 33125 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PRES  
Name           PEREZ, JUAN P  
Address        3799 NORTH ANDREWS AVE  
City-State-Zip: OAKLAND PARK FL 33309

Title           VP  
Name           DEL VECCHIO, JOSEPH A  
Address        3799 NORTH ANDREWS AVE.  
City-State-Zip: FORT LAUDERDALE FL 33309

Title           S  
Name           DOERING, JUANITA E.  
Address        3799 NORTH ANDREWS AVE.  
City-State-Zip: FORT LAUDERDALE FL 33309

Title           T  
Name           TAUER, KENNETH A  
Address        3799 NORTH ANDREWS AVE.  
City-State-Zip: FORT LAUDERDALE FL 33309

Title           ED  
Name           FOSTER, MICHAEL G  
Address        3799 NORTH ANDREWS AVENUE  
City-State-Zip: OAKLAND PARK FL 33309

Title           DIRECTOR  
Name           KUBLIN, ALVIN  
Address        3799 NORTH ANDREWS AVE.  
City-State-Zip: FORT LAUDERDALE FL 33309

Title           DIRECTOR  
Name           KEY, HARTLEY E.  
Address        3799 N. ANDREWS AVE  
City-State-Zip: FT. LAUDERDALE FL 33309

Title           DIRECTOR  
Name           POLLUSON, RUNAR G  
Address        3799 NORTH ANDREWS AVE.  
City-State-Zip: FORT LAUDERDALE FL 33309

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL G. FOSTER

**EXECUTIVE DIRECTOR**

**01/06/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name WINSECK, JEFFREY B  
Address 3799 NORTH ANDREWS AVE.  
City-State-Zip: FORT LAUDERDALE FL 33309

Title DIRECTOR  
Name CARVAJAL, ANIBAL O.  
Address 3799 NORTH ANDREWS AVE.  
City-State-Zip: FORT LAUDERDALE FL 33309

Title DIRECTOR  
Name DEL BUSTO, FERNANDO A.  
Address 3799 NORTH ANDREWS AVE.  
City-State-Zip: FORT LAUDERDALE FL 33309