

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741779

FILED
Jan 06, 2014
Secretary of State
CC8584177367

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 20311 NW 42ND AVE.,
City-State-Zip: MIAMI GARDENS FL 33055

Title VP
Name BROWN, CHARLES O
Address 3799 NORTH ANDREWS AVE.
City-State-Zip: FORT LAUDERDALE FL 33309

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

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

Title DIRECTOR
Name KUBLIN, ALVIN
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

EXECUTIVEDIRECTOR

01/06/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title DIRECTOR
Name MORTON, LAQUANTIS S
Address 3799 NORTH ANDREWS AVE.
City-State-Zip: FORT LAUDERDALE FL 33309

Title DIRECTOR
Name HAMBER, ABRAHAM H
Address 3799 N. ANDREWS AVE
City-State-Zip: FT. LAUDERDALE FL 33309