

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741779

FILED
Jan 17, 2018
Secretary of State
CC1966095093

Entity Name: PARALYZED VETERANS OF AMERICA FLORIDA CHAPTER INC.

Current Principal Place of Business:

3799 NORTH ANDREWS AVE.
OAKLAND PARK, FL 33309-5251

Current Mailing Address:

3799 NORTH ANDREWS AVE.
OAKLAND PARK, FL 33309-5251 US

FEI Number: 59-1731533

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PEREZ, JUAN P.
20311 NW 42ND AVE
1201 NW 16TH STREET
MIAMI GARDENS, FL 33055 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 TREASURER
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 CARVAJAL, ANIBAL O.
Address 3799 NORTH ANDREWS AVE.
City-State-Zip: FORT LAUDERDALE FL 33309

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

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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 FOSTER

EXECUTIVE DIRECTOR

01/17/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title S
Name MIRANDA, MARIA
Address 3799 NORTH ANDREWS AVE.
City-State-Zip: OAKLAND PARK FL 33309-5251

Title D
Name ORIOL, JOHN PAUL
Address 3799 NORTH ANDREWS AVE.
City-State-Zip: OAKLAND PARK FL 33309-5251