

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003626

Entity Name: WHEELCHAIRS 4 KIDS, INC.**Current Principal Place of Business:**1976 S. PINELLAS AVE
TARPON SPRINGS, FL 34689**Current Mailing Address:**1976 S. PINELLAS AVE.
TARPON SPRINGS, FL 34689 US**FEI Number: 45-1308941****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**ROBINSON, MADELINE R
1406 STONEHAVEN WAY
TARPON SPRINGS, FL 34689 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 P
Name ROBINSON, MADELINE R
Address 1406 STONEHAVEN WAY
City-State-Zip: TARPON SPRINGS FL 34689

Title TRES
Name GOMEZ-BARNASON, SUSANNE
Address 8204 TRANQUIL DRIVE
City-State-Zip: SPRING HILL FL 34606

Title DIRECTOR
Name SULLIVAN, JOHN DR.
Address 307 LAKEVIEW DRIVE
City-State-Zip: TARPON SPRINGS FL 34689

Title LEGAL COUNSEL
Name LEIGH, KAY
Address 13745 VANDERBILT ROAD
City-State-Zip: ODESSA FL 33556

Title SECRETARY
Name CARTER, MARGO
Address 13744 VANDERBILT RD
City-State-Zip: ODESSA FL 33556

Title VC
Name KNORR, KIMBERLY
Address 12134 BISHOPS FORD DRIVE
City-State-Zip: TAMPA FL 33626

Title DIRECTOR
Name WILLIAMS, HAROLD
Address 791 FAIRWOOD LANE
City-State-Zip: CLEARWATER FL 33759

Title DIRECTOR
Name WRIGHT, DAVID
Address 2639 BLOSSOM LAKE DR.
City-State-Zip: HOLIDAY FL 34691

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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: MADELINE ROBINSON**PRESIDENT/EXECUTIVE 01/28/2015
DIRECTOR**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	GRANT, JIM
Address	98 S HIGHLAND AVE #1701
City-State-Zip:	TARPON SPRINGS FL 34689