

2017 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	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	DIRECTOR
Name	GRANT, JIM
Address	98 S HIGHLAND AVE #1701
City-State-Zip:	TARPON SPRINGS FL 34689

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

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

Title	TREASURER
Name	PERRY, KIMBERLY
Address	870 W. HILLSBOROUGH AVE #255
City-State-Zip:	TAMPA FL 33615

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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****02/06/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title PARLIAMENTARIAN
Name KNORR, RANDY
Address 12134 BISHOPSFORD
City-State-Zip: TAMPA FL 33626

Title PARLIMENTARIAN
Name THOMAS, KIRSTEN
Address 8095 WILLOW CT
City-State-Zip: SEMINOLE FL 33776