

**2014 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	CARMINE, PECORARO DR.
Address	1718 NE 26TH STREET SUITE 206
City-State-Zip:	FORT LAUDERDALE FL 33305

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

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	SINGLETARY, DAVID
Address	1821 BRUCE B DOWNS BLVD
City-State-Zip:	WESLEY CHAPEL FL 33544

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

**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: MADELINE ROBINSON****EXECUTIVE DIRECTOR****01/28/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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