

2013 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 7TH TERRACE
City-State-Zip:	FORT LAUDERDALE FL 33305

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

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

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****01/25/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date