

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N47122

**Entity Name:** NATIONAL WHEELCHAIR SPORTS FUND, INC.

**Current Principal Place of Business:**

123 N. CONGRESS AVE.  
#340  
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

123 N. CONGRESS AVE.  
#340  
BOYNTON BEACH, FL 33426 US

**FEI Number:** 58-1727596

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCMANUS, MATTHEW NESQ.  
540 BRICKEL KEY DRIVE  
#1614  
MIAMI, FL 33131 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 SD  
Name KARR, VERENA S  
Address 3595 ROYAL TERN CIRCLE  
City-State-Zip: BOYNTON BEACH FL 33436

Title VD  
Name FISHER, LESTER B JR.  
Address 127 EAST CIRCLE  
City-State-Zip: JEFFERSON CITY MO 65109

Title PD  
Name KARR, BRUCE L  
Address 3595 ROYAL TERN CIRCLE  
City-State-Zip: BOYNTON BEACH FL 33436

Title D  
Name COOPER JR, RICHARD F  
Address 4205 REMINGTON PARK COURT  
City-State-Zip: FLOWER MOUND TX 75028

Title D  
Name FAIRBANKS, WILLIAM B  
Address 3504 E BARON CT  
City-State-Zip: ORANGE CA 92869

Title D  
Name PROCTOR, JAN E  
Address 103 AVOCADO ROAD  
City-State-Zip: DELRAY BEACH FL 33444

*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:** BRUCE L. KARR

PD

02/02/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date