

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **715638** (3)

1. Corporation Name

FLORIDA GULF COAST PARALYZED VETERANS ASSOCIATION, INC.

95 MAY -1 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

121 W 122ND AVENUE
TAMPA FL 33612

121 W 122ND AVENUE
TAMPA FL 33612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1968

3a. Date of Last Report

04/26/1994

4. FEI Number

23-7037565

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WONSEY, AMOS A.
6235 FLORIDA AVENUE, NEW PORT RICHEY, FL
121 WEST 122ND AVENUE.
TAMPA FL 33612

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (Must be printed name of registered agent and third approver)

(B3) Registered Agent signature (Must be printed name)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: VD
NAME: FARNUM, ANGUS, A.
STREET ADDRESS: 8785 56TH ST., N.
CITY, ST, ZIP: PINELLAS PARK FL

11 TITLE: P/D
12 NAME: FARNUM, ANGUS A.
13 STREET ADDRESS: 8785 56th STREET NO.
14 CITY, ST, ZIP: PINELLAS PARK, FL 34666
 Change Addition

TITLE: P
NAME: BAKER, RICHARD C.
STREET ADDRESS: 2930 E. VINA DEL MAR
CITY, ST, ZIP: ST. PETERSBURG FL

21 TITLE: V/D
22 NAME: WELCH, MICHAEL B.
23 STREET ADDRESS: 7537 HUMBOLDT AVENUE
24 CITY, ST, ZIP: NEW PORT RICHEY, FL 34655
 Change Addition

TITLE: TD
NAME: WONSEY, AMOS A.
STREET ADDRESS: 6235 FLORIDA AVENUE
CITY, ST, ZIP: NEW PORT RICHEY FL

31 TITLE:
32 NAME:
33 STREET ADDRESS:
34 CITY, ST, ZIP: NEW PORT RICHEY, FL 34653
 Change Addition

TITLE: SO
NAME: SKINNER, BRUCE L.
STREET ADDRESS: P. O. BOX 148 N/A
CITY, ST, ZIP: ODESSA FL

41 TITLE:
42 NAME:
43 STREET ADDRESS:
44 CITY, ST, ZIP: ODESSA, FL 33556
 Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

51 TITLE:
52 NAME:
53 STREET ADDRESS:
54 CITY, ST, ZIP:
 Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

61 TITLE:
62 NAME:
63 STREET ADDRESS:
64 CITY, ST, ZIP:
 Change Addition

14. I declare hereby under penalty that the information supplied with this filing is substantially true and correct and that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Amos A. Wonsey* Amos A. Wonsey 4-25-95 813 935-6540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)