

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 715638 (3)**  
1. Corporation Name

**FLORIDA GULF COAST PARALYZED VETERANS ASSOCIATION, INC.**



Principal Place of Business <b>121 W 122ND AVENUE TAMPA FL 33612</b>	Mailing Address <b>121 W 122ND AVENUE TAMPA FL 33612</b>
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<b>21</b> 2. Principal Place of Business Suite, Apt. #, etc.	<b>26</b> 2a. Mailing Address Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

<b>3.</b> Date Incorporated or Qualified <b>12/02/1968</b>	<b>3a.</b> Date of Last Report <b>05/01/1995</b>
<b>4.</b> FEI Number <b>23-7037565</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b> <b>WONSEY, AMOS A. 6235 FLORIDA AVENUE, NEW PORT RICHEY, FL 121 WEST 122ND AVENUE. TAMPA FL 33612</b>	<b>10. Name and Address of New Registered Agent</b> <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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**11.** Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>FARNUM, ANGUS, A.</b>	1.1 TITLE <i>Executive Director</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>8785 56TH ST., N.</b>	CITY-ST-ZIP <b>PINELLAS PARK FL</b>	1.2 NAME	
		1.3 STREET ADDRESS <i>Delatorro L. McNeal</i>	
		1.4 CITY-ST-ZIP <i>18419 Timberlaw Dr. Lutz, FL 33549</i>	
TITLE <b>VD</b>	NAME <b>WELCH, MICHAEL B</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>7537 HUMBOLDT AVENUE</b>	CITY-ST-ZIP <b>NEW PORT RICHEY FL</b>	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE <b>TD</b>	NAME <b>WONSEY, AMOS A.</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>6235 FLORIDA AVENUE</b>	CITY-ST-ZIP <b>NEW PORT RICHEY FL</b>	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE <b>SD</b>	NAME <b>SKINNER, BRUCE L.</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>P.O. BOX 148</b>	CITY-ST-ZIP <b>ODESSA FL</b>	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

**14.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify 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 April 25, 1996

CR2E037 (12/95)