

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90088 020 ****61.25

DOCUMENT # 715638

1. Entity Name

FLORIDA GULF COAST PARALYZED VETERANS ASSOCIATIO

Principal Place of Business

Mailing Address

121 W 122ND AVENUE
 TAMPA FL 33612

121 W 122ND AVENUE
 TAMPA FL 33612

027331



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7037565

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	FARNUM, ANGUS, A.	8785 56TH ST., N.	PINELLAS PARK FL				
VD	SKINNER, BRUCE L	PO BOX 146	ODESSA FL 33556	VD	WEEKS, JOSEPH, JR	14309 THORNWOOD TRAIL	HUDSON FL 34869
TD	WONSEY, AMOS A.	6235 FLORIDA AVENUE	NEW PORT RICHEY FL				
SD	JONES, TAMMY	37252 HILL TOP DRIVE	ZEPHYRHILLS FL 33541				
ED	DELATORRO L. MCNEAL	18419 TIMBERLAN DR	LUTZ FL				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Amos A Wousey*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Amos A Wousey
 Treasurer
 813 935-6540
 2-15-01
 Date Daytime Phone #

CR2E037 (10/00)