

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715638

FILED
Apr 15, 2004
Secretary of State

Entity Name: FLORIDA GULF COAST PARALYZED VETERANS OF AMERICA, INC.

Current Principal Place of Business:

121 W 122ND AVENUE
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

121 W 122ND AVENUE
TAMPA, FL 33612

New Mailing Address:

FEI Number: 23-7037565 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FARNUM, ANGUS A
8785 56TH STREET NORTH
PINELLAS PARK, FL 33782

Name and Address of New Registered Agent:

ANNIS, EARLE B JR.
2912 COUNTRY WOODS LN.
PALM HARBOR, FL 34683

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: WAYNE WEBBER 04/15/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FARNUM, ANGUS, A.,
Address: 8785 56TH ST., N.
City-St-Zip: PINELLAS PARK, FL

Title: VD () Delete
Name: RYAN, WILLIAM W
Address: 795 WARREN ROAD
City-St-Zip: LUTZ, FL 33548

Title: TD () Delete
Name: RAETANO, JOSEPH
Address: 1157 SARAH COURT
City-St-Zip: DUNEDIN, FL 34698

Title: SD () Delete
Name: BULLOCK, DELREDGE B
Address: 123 4TH JVP STREET
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: EARLE ANNIS JR. PRES 04/15/2004

Electronic Signature of Signing Officer or Director Date