

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715638

FILED
Feb 15, 2008
Secretary of State

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

Current Principal Place of Business:

116 W. FLETCHER AVENUE
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

116 W. FLETCHER AVENUE
TAMPA, FL 33612 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

OYOLA-RIVERA, EDUARDO PRESIDE
116 W. FLETCHER AVENUE
TAMPA,, FL 33612 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: OYOLA-RIVERA, EDUARDO PRESIDE
Address: 116 E. FLETCHER AVENUE
City-St-Zip: TAMPA, FL 33612 US

Title: VP () Delete
Name: WEBBER, WAYNE A VICE PR
Address: 116 W. FLETCHER AVENUE
City-St-Zip: TAMPA, FL 33612 US

Title: ED () Delete
Name: MCNEAL, DELATORRO L ED
Address: 116 E. FLETCHER AVENUE
City-St-Zip: TAMPA, FL 33612 US

Title: TRES () Delete
Name: WILLIAMS, DAVID S TRES
Address: 116 W. FLETCHER AVENUE
City-St-Zip: TAMPA, FL 33612 US

Title: SEC () Delete
Name: WATSON, ANGEL L SEC
Address: 116 E. FLETCHER AVENUE
City-St-Zip: TAMPA, FL 33612 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: OYOLA-RIVERA, EDUARDO PRESIDE
Address: 116 W. FLETCHER AVENUE
City-St-Zip: TAMPA, FL 33612 US

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

Title: ED (X) Change () Addition
Name: MCNEAL, DELATORRO L ED
Address: 116 W. FLETCHER AVENUE
City-St-Zip: TAMPA, FL 33612 US

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

Title: SEC (X) Change () Addition
Name: WATSON, ANGEL L SEC
Address: 116 W. FLETCHER AVENUE
City-St-Zip: TAMPA, FL 33612 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DELATORRO L. MCNEAL

ED

02/15/2008

Electronic Signature of Signing Officer or Director

Date