

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715638

FILED
Jan 11, 2010
Secretary of State

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

Current Principal Place of Business:

15435 N. FLORIDA AVENUE
TAMPA, FL 33613 US

New Principal Place of Business:

Current Mailing Address:

15435 N. FLORIDA AVENUE
TAMPA, FL 33613 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:

WEBBER, WAYNE PRESIDE
15435 N. FLORIDA AVENUE
TAMPA, FL 33613 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
Name: WEBBER, WAYNE PRESIDE
Address: 15435 N. FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33613 US

Title: VP
Name: CELESTINE, DAVIS VICE PR
Address: 15435 N. FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33613 US

Title: ED
Name: WINKLER, JOAN E ED
Address: 15435 N. FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33613 US

Title: TRES
Name: SMITH, JAMES TRES
Address: 15435 N. FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33613 US

Title: SEC
Name: WILSON, HENRY L SEC
Address: 15435 N. FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33613 US

I hereby 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 all other like empowered.

SIGNATURE: WAYNE WEBBER

P

01/11/2010

Electronic Signature of Signing Officer or Director

Date