

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Oct 29, 2010
Secretary of State**

DOCUMENT# 715638

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 ()

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 USTitle: VP
Name: CELESTINE, DAVIS VICE PR
Address: 15435 N. FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33613 USTitle: ED
Name: WINKLER, JOAN E ED
Address: 15435 N. FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33613 USTitle: TRES
Name: BERNT, ANDY TRES
Address: 15435 N. FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33613 USTitle: SEC
Name: KARCZEWSKI, CHUCK 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: JOAN WINKLER

ED

10/29/2010

Electronic Signature of Signing Officer or Director_____
Date