

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715638

FILED  
Jan 04, 2012  
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 P  
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: P  
Name: WEBBER, WAYNE  
Address: 15435 N. FLORIDA AVENUE  
City-St-Zip: TAMPA, FL 33613 US

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

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

Title: T  
Name: BERNT, ANDY  
Address: 15435 N. FLORIDA AVENUE  
City-St-Zip: TAMPA, FL 33613 US

Title: S  
Name: KARCZEWSKI, CHUCK L  
Address: 15435 N. FLORIDA AVENUE  
City-St-Zip: TAMPA, FL 33613 US

Title: D  
Name: KEVIN, POINDEXTER  
Address: 15435 N. FLORIDA AVENUE  
City-St-Zip: TAMPA, FL 33613

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

01/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date