

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90095 004 \*\*\*\*61.25

**DOCUMENT # 715638**

1. Entity Name

**FLORIDA GULF COAST PARALYZED VETERANS OF AMERICA, INC.**



Principal Place of Business

121 W 122ND AVENUE  
TAMPA FL 33612

Mailing Address

121 W 122ND AVENUE  
TAMPA FL 33612

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-7037565**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WONSEY, AMOS A.**  
**6235 FLORIDA AVENUE, NEW PORT RICHEY, FL**  
**121 WEST 122ND AVENUE.**  
**TAMPA FL 33612**

Name

**Farnum, Angus A.**

Street Address (P.O. Box Number is Not Acceptable)

**8785 56th Street North**

City

**Pinellas Park**

**FL**

Zip Code  
**33782**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Angus A. Farnum*

**Angus A. Farnum, President**

**1/21/03**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
NAME **FARNUM, ANGUS, A.**  
STREET ADDRESS **8785 56TH ST., N.**  
CITY-ST-ZIP **PINELLAS PARK FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD**  Delete  
NAME **WEEKS, JOSEPH J**  
STREET ADDRESS **14309 THORNWOOD TRL**  
CITY-ST-ZIP **HUDSON FL 34669**

TITLE **VD**  Change  Addition  
NAME **Ryan, William W.**  
STREET ADDRESS **795 Warren Road**  
CITY-ST-ZIP **Lutz, FL 33548**

TITLE **TD**  Delete  
NAME **WONSEY, AMOS A.**  
STREET ADDRESS **6235 FLORIDA AVENUE**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **TD**  Change  Addition  
NAME **Raetano, Joseph**  
STREET ADDRESS **1157 Sarah Court**  
CITY-ST-ZIP **Dunedin, FL 34698**

TITLE **SD**  Delete  
NAME **JONES, TAMMY**  
STREET ADDRESS **37252 HILL TOP DRIVE**  
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE **SD**  Change  Addition  
NAME **Bullock, Delredge B.**  
STREET ADDRESS **123 4th JVP Street**  
CITY-ST-ZIP **Winter Haven, FL 33880**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813) 935-6540

Date

Daytime Phone #

CR2E037 (10/02)