FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 25 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **729054** **(7)**

1. Corporation Name

SUNSHINE WHEELCHAIR ATHLETIC ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8301 ANGLERS POINT DR TEMPLE TERRACE FL 33637 US	PO BOX 7242 WESLEY CHAPEL FL 33543-7242 US

3. Date Incorporated or Qualified: 03/13/1974
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1784552 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 14550 BRUCE B. DOWNS BLVD	26 14550 BRUCE B. DOWNS BLVD
Suite, Apt. #, etc. 22 # 206 #8-206	Suite, Apt. #, etc. 27 #206 #8-206
City & State 23 TAMPA FL	City & State 28 TAMPA FL
Zip / Country 24 33613 / 25 US	Zip / Country 29 33613 / 30 US

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROTHMAN, LESLIE 8301 ANGLERS POINT DR TEMPLE TERRACE FL 33637	81 Name: LESLIE ROTHMAN 82 Street Address (P.O. Box Number is Not Acceptable): 14550 BRUCE B DOWNS BLVD #8-206 #206 83 84 City: TAMPA FL 85 Zip Code: 33613

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	ROTHMAN, LESLIE	1.2 NAME	LESLIE ROTHMAN	#8-206
STREET ADDRESS	8301 ANGLERS POINT DR	1.3 STREET ADDRESS	14550 BRUCE B DOWNS BLVD # 206	
CITY-ST-ZIP	TEMPLE TERRACE FL	1.4 CITY-ST-ZIP	TAMPA FL 33613	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	WELKE, DONALD	2.2 NAME	GEORGE SNYDER	
STREET ADDRESS	P.O. BOX 111 N/A	2.3 STREET ADDRESS	5809 NE 21 ST AVE	
CITY-ST-ZIP	GRAND ISLAND FL	2.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	FIALLO, ANDY	3.2 NAME	KAREN NEWHALL	
STREET ADDRESS	3334 HARDY RD.	3.3 STREET ADDRESS	1008 LAKE HAVEN DR	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	LUTZ FL 33549	
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	JANSEN, KELLY	4.2 NAME		
STREET ADDRESS	235 MAJORCA #3	4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Karen E Newhall — 4-19-95 — 813-949-5425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
KAREN E NEWHALL

0043442