

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739335

FILED
Jan 11, 2008
Secretary of State

Entity Name: CENTRAL FLORIDA CHAPTER PARALYZED VETERANS OF AMERICA, INC.

Current Principal Place of Business:

2711 SOUTH DESIGN COURT
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

2711 SOUTH DESIGN COURT
SANFORD, FL 32773

New Mailing Address:

FEI Number: 59-1793434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DUGAN, JERRY
4 SLEEPY HOLLOW COVE
LONGWOOD, FL 32750 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 () Delete
Name: NIMZ, LAURA
Address: 22 ORMOND GREEN BOULEVARD
City-St-Zip: ORMOND BEACH,, FL 32174

Title: TREA () Delete
Name: DUGAN, JERRY
Address: 4 SLEEPY HOLLOW COVE
City-St-Zip: LONGWOOD, FL 32750

Title: V.P. () Delete
Name: KIRK, STEVE
Address: 1773 MONTICELLO STREET
City-St-Zip: DELTONA, FL 32725

Title: SEC () Delete
Name: LUKAS, CONNIE
Address: 535 PRESTON ROAD
City-St-Zip: LONGWOOD, FL 32759

Title: DIR. () Delete
Name: GONZALEZ, NEMESIO
Address: 403 CORNWALL ROAD
City-St-Zip: WINTER PARK, FL 32792

Title: DIR. () Delete
Name: TERWILLIGER, BRIAN
Address: 110 LAKE MINNIE DRIVE
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LAURA MIMZ

PRES

01/11/2008

Electronic Signature of Signing Officer or Director

Date