

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 749316 (6)

1. Corporation Name

FLORIDA SUNSPOKES WHEELCHAIR SPORTS AND RECREATION ASSOCIATION, INC.



Principal Place of Business

Mailing Address

7736 MITCHELL RANCH RD.
NEW PORT RICHEY FL 34655

7736 MITCHELL RANCH RD.
NEW PORT RICHEY FL 34655

3. Date Incorporated or Qualified
10/15/1979

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

24

Zip

Country

25

Zip

Country

29

30

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

BLANCHI, ERIKA
7736 MITCHELL RANCH RD.
NEW PORT RICHEY FL 34655

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Erika L. Bianchi
Signature, typed or printed name of registered agent and date of application

(If Office Registered Agent signature required when reinstating)

DATE

2/7/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☐ DELETE
NAME SULLIVAN, JOHN
STREET ADDRESS 5102 BELMERE PKWY #1603
CITY-STATE-ZIP TAMPA FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 10603 CHAMBERS DR.
1.4 CITY-STATE-ZIP TAMPA, FL 33626

TITLE TD ☐ DELETE
NAME BIANCHI, ERIKA
STREET ADDRESS 7736 MITCHELL RANCH RD
CITY-STATE-ZIP NEW PORT RICHEY FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE VD ☐ DELETE
NAME SIGLER, EUGENE
STREET ADDRESS 13135 VILLAGE CHASE
CITY-STATE-ZIP TAMPA FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 9405 EDENTON WAY
3.4 CITY-STATE-ZIP TAMPA, FL 33626

TITLE PD ☐ DELETE
NAME MILLER, KEN
STREET ADDRESS 6024 WILSHIRE DR.
CITY-STATE-ZIP TAMPA, FL 00000

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP TAMPA, FL 33615

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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)(k), 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:

Erika L. Bianchi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/96

813-376-1980

Date

Daytime Phone #

CR2E037 (12/95)