

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 4: 01

DOCUMENT # 752234 (5)
1. Corporation Name
THE FLORIDA PARAPLEGIC ASSOCIATION

Principal Place of Business Mailing Address
1341 NE 173 ST N MIAMI BCH FL 33162 US
1341 NE 173 ST. N MIAMI BCH FL 33162 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/29/1980 3a. Date of Last Report 04/14/1994
4. FEI Number 59-6194486 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
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent
WISH, ELAINE
1341 NE 173 ST
~~APT-001~~
N MIAMI BCH FL 33162

10. Name and Address of New Registered Agent
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 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 *Elaine Wish* 1/20/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	LEVINSON, MILDRED
STREET ADDRESS	7441 WAYNE AVE APT 3-1
CITY-ST-ZIP	MIAMI BCH FL
TITLE	VD
NAME	MERKER, MURIEL
STREET ADDRESS	1710 S.W. 89 PL
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	NORWINE, JANE E
STREET ADDRESS	8400 NW 25 AVE APT 141
CITY-ST-ZIP	MIAMI FL
TITLE	TD
NAME	WISH, ELAINE
STREET ADDRESS	1341 NE 173 ST
CITY-ST-ZIP	N MIAMI BCH FL
TITLE	D
NAME	LESSNE, ROBERT
STREET ADDRESS	9941 SW 100 AVE
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	BURNETT, MARJORIE
STREET ADDRESS	13080 ORTEGA LA
CITY-ST-ZIP	N MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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: *Elaine Wish* ELAINE WISH 1/20/95 (805) 657-0771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR