

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

FILED
Mar 28, 1996 08:00 AM
Secretary of State

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**

3. Date Incorporated or Qualified 3a. Date of Last Report
04/29/1980 **01/27/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-6194486		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
22		27		<input type="checkbox"/>		<input type="checkbox"/>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>		<input type="checkbox"/>	
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24	25	29	30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WISH, ELAINE
1341 NE 173 ST
N MIAMI BCH FL 33162**

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: Elaine Wish DATE: 3/24/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LEVINSON, MILDRED <input type="checkbox"/> DELETE	1.1 TITLE	PD LEVENSON, MILDRED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7441 WAYNE AVE APT 3-1	1.2 NAME	
STREET ADDRESS	MIAMI BCH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD MERKER, MURIEL <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1710 S.W. 89 PL	2.2 NAME	
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD NORWINE, JANE E <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD GLASGOW, M.M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8400 NW 25 AVE APT 141	3.2 NAME	65 PALMETTO DR.
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	MIAMI SPRINGS, FL 33166
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD WISH, ELAINE <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1341 NE 173 ST	4.2 NAME	
STREET ADDRESS	N MIAMI BCH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D LESSNE, ROBERT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9841 SW 100 AVE	5.2 NAME	
STREET ADDRESS	MIAMI FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D BURNETT, MARJORIE <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13080 ORTEGA LA	6.2 NAME	
STREET ADDRESS	N MIAMI FL	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)(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 3/24/96 (305) 651-0771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)