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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

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 33162-1252
US**

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 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
04/29/1980 **03/28/1996**

4. FEI Number Applied For
59-6194486 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

**WISH, ELAINE
1341 NE 173 ST
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEVENSON, MILDRED	
STREET ADDRESS	7441 WAYNE AVE APT 3-1	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MERKER, MURIEL	
STREET ADDRESS	1710 S.W. 89 PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GLASGOW, M.M.	
STREET ADDRESS	65 PALMETTO DR	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WISH, ELAINE	
STREET ADDRESS	1341 NE 173 ST	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LESSNE, ROBERT	
STREET ADDRESS	9841 SW 100 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD WILLIAM CHAROCHIS
3.3 STREET ADDRESS	100 SE 32ND ST. 17TH FLOOR
3.4 CITY-ST-ZIP	MIAMI, FL
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	STUART ROSENFELDT
5.3 STREET ADDRESS	4000 HOLLYWOOD BLVD, SUITE 26550
5.4 CITY-ST-ZIP	HOLLYWOOD, FL
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D PEARL BURNETT
6.3 STREET ADDRESS	13080 ORTEGA LA
6.4 CITY-ST-ZIP	N MIAMI, FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** 2/9/97 (305) 651-0771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0031851

CFR2037 (9/96)