

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90007 006 ****61.25

DOCUMENT # 752234

1. Entity Name

THE FLORIDA PARAPLEGIC ASSOCIATION



Principal Place of Business

DENNY R. WOOD
13000 SW 92 AVE. B-403
MIAMI FL 33176
US

Mailing Address

DENNY R. WOOD
13000 SW 92 AVE. B-403
MIAMI FL 33176
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6194486

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOOD, DENNY R.
13000 SW 92 AVE. B-403
MIAMI FL 33176

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	GREGORY, DAMIAN	
STREET ADDRESS	11342 SW 163 ST.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	WOOD, DENNY	
STREET ADDRESS	13000- SW 92ND AVE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	SECRETARY	
STREET ADDRESS	2055 STIRLING ROAD	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	BURNETT, PEARL	
STREET ADDRESS	13080 ORTEGA LANE	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE	BURNETT, MARJORIE	<input type="checkbox"/> Delete
NAME	TREASURER	
STREET ADDRESS	21850 SW 103 CT. #301	
CITY-ST-ZIP	MIAMI FL 33190	
TITLE	ROBERT LESNEE	<input type="checkbox"/> Delete
NAME	DIRECTOR	
STREET ADDRESS	9841 SW 100 AVE	
CITY-ST-ZIP	MIAMI, FL 33176	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Denny R. Wood DENNY R. WOOD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-04

Date

Daytime Phone #