

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 08:00 AM
Secretary of State

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
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02272005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6194486	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
WOOD, DENNY R
13000 SW 92 AVE. B-403
MIAMI, FL 33176

DO NOT WRITE IN THIS SPACE

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREGORY, DAMIAN 11342 SW 163 ST. MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOOD, DENNY 13000- SW 92ND AVE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURNETT, PEARL 13080 ORTEGA LANE N. MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURNETT, MARJORIE 21850 SW 103 CT. #301 MIAMI, FL 33190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESNEE, ROBERT 9841 SW 100 AVE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

LD00000249023
 03/02/05-80053-024 61.25

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12. I 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 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 Pres. **3-05** ³⁰⁵ **253-2563**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #