

**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



02272005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-6194486

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

U00000249023
03/02/05-80053-024 61.25

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-05

253-2563