

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752234

FILED
Aug 29, 2007
Secretary of State

Entity Name: THE FLORIDA PARAPLEGIC ASSOCIATION

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-6194486 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: GREGORY, DAMIAN
Address: 11342 SW 163 ST.
City-St-Zip: MIAMI, FL 33157

Title: P () Delete
Name: WOOD, DENNY
Address: 13000- SW 92ND AVE
City-St-Zip: MIAMI, FL 33176

Title: VP () Delete
Name: BURNETT, PEARL
Address: 13080 ORTEGA LANE
City-St-Zip: N. MIAMI, FL 33181

Title: T () Delete
Name: BURNETT, MARJORIE
Address: 21850 SW 103 CT. #301
City-St-Zip: MIAMI, FL 33190

Title: D () Delete
Name: LESNEE, ROBERT
Address: 9841 SW 100 AVE
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNY R. WOOD

PRES

08/29/2007

Electronic Signature of Signing Officer or Director

Date