

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752234

FILED
Aug 16, 2010
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 ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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
Name: GREGORY, DAMIAN
Address: 11342 SW 163 ST.
City-St-Zip: MIAMI, FL 33157

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

Title: D
Name: BURNETT, PEARL
Address: 13080 ORTEGA LANE
City-St-Zip: N. MIAMI, FL 33181

Title: T
Name: FULTON, RONALD
Address: 1440 NW 193 TERRACE
City-St-Zip: MIAMI, FL 33169

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

Title: VP
Name: RIGERMAN, ALAN W
Address: 17910 NW 84 AVENUE
City-St-Zip: MIAMI, FL 33015

I hereby 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 all other like empowered.

SIGNATURE: DENNY R. WOOD

PRES

08/16/2010

Electronic Signature of Signing Officer or Director

Date