

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90221 024 \*\*\*\*61.25

**DOCUMENT # 752234**

1. Entity Name  
**THE FLORIDA PARAPLEGIC ASSOCIATION**



Principal Place of Business

~~MILDRED LEVENSON~~  
7441 WAYNE AVE., APT. 31  
MIAMI BEACH FL 33141  
US

Mailing Address

~~MILDRED LEVENSON~~  
7441 WAYNE AVE., APT. 31  
MIAMI BEACH FL 33141  
US

2. Principal Place of Business

**Denny R. Wood**  
Suite, Apt. #, etc.  
**13000 SW 92 Ave B-403**  
City & State  
**Miami FL**

3. Mailing Address

**Denny R. Wood**  
Suite, Apt. #, etc.  
**13000 SW 92 Ave B-403**  
City & State  
**Miami FL**



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-6194486**

Applied For  
 Not Applicable

Zip **33176** Country **USA**

Zip **33176** Country **USA**

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

6. Name and Address of Current Registered Agent

~~LEVENSON, MILDRED~~  
7441 WAYNE AVE., APTE. 31  
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

Name **DENNY R. WOOD**  
Street Address (P.O. Box Number is Not Acceptable) **13000 SW 92 AVE B-403**  
City **Miami** FL Zip Code **33176**

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 **Denny R. Wood**  
Signature, typed or printed name of registered agent and title if applicable.

**3/22/03**  
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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  Delete  
NAME **LEVENSON, MILDRED**  
STREET ADDRESS **7441 WAYNE AVE APT 31**  
CITY-ST-ZIP **MIAMI BEACH FL 33141**  
**RESIGNED**

TITLE  Delete  
NAME **GLASSGOW, MAC**  
STREET ADDRESS **65 PALMETTO DR**  
CITY-ST-ZIP **MIAMI SPRINGS FL 33166**  
**RESIGNED**

TITLE  Delete  
NAME **WOOD, DENNY**  
STREET ADDRESS **13000 SW 92ND AVE**  
CITY-ST-ZIP **MIAMI FL 33176**  
**PRESIDENT**

TITLE  Delete  
NAME **SHOTZ, FRED**  
STREET ADDRESS **2099 STIRLING ROAD**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITLE  Delete  
NAME **BURNETT, PEARL**  
STREET ADDRESS **13080 ORTEGA LANE**  
CITY-ST-ZIP **N. MIAMI FL 33181**

TITLE  Delete  
NAME **LAWRENCE, JEANNE**  
STREET ADDRESS **301 174TH ST #107**  
CITY-ST-ZIP **N. MIAMI BCH FL 33160**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME **SECRETARY DAMIAN GREGORY**  
STREET ADDRESS **11342 SW 163 ST**  
CITY-ST-ZIP **MIAMI FL 33157**

TITLE  Change  Addition  
NAME **PRESIDENT**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME **DIRECTOR PEARL BURNETT**  
STREET ADDRESS **13080 ORTEGA LANE**  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME **DIRECTOR MARJORIE BURNETT**  
STREET ADDRESS **21850 SW 103 Ct.**  
CITY-ST-ZIP **MIAMI, FL 33190 #301**

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 information.

SIGNATURE: **SIGNATURE Denny R. Wood**

**63-022-03 305 253-2563**

CR2E037 (10/02)