

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90066 020 ****61.25

DOCUMENT # 764778

1. Entity Name

ORLANDO WHEELCHAIR GAMES, INC.



Principal Place of Business

387 KAPOK CT.
LONGWOOD FL 32779

Mailing Address

387 KAPOK CT.
LONGWOOD FL 32779

2. Principal Place of Business

4922 Haiti Circle

3. Mailing Address

4922 Haiti Circle



1st MOORE

CR2E037 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-2429792

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

32808

Country

USA

Zip

32808

Country

USA

6. Name and Address of Current Registered Agent

MCCONNELL, CHERYL A
387 KAPOK CT.
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4922 Haiti Circle

City

Orlando

FL

Zip Code

32808

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

FILE NOW: FEE IS \$61.25
Due By: May 1, 2005

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 D ☐ Delete
NAME DAVIS, ROGER SR.
STREET ADDRESS 1710 QUEENSBERRY LOOP
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE D ☐ Delete
NAME DAVIS, M.P.
STREET ADDRESS 1710 QUEENSBERRY LOOP
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE D ☐ Delete
NAME MCCONNELL, CHERYL A
STREET ADDRESS 387 KAPOK CT.
CITY-ST-ZIP LONGWOOD FL 32779

TITLE D ☐ Delete
NAME FERRER, ALBERT
STREET ADDRESS 5464-8 E MICHIGAN
CITY-ST-ZIP ORLANDO FL 32812

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME 4922 Haiti Circle
STREET ADDRESS Orlando FL
CITY-ST-ZIP 32808

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/05

407 822 7792

Date

Daytime Phone #