

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2008 08:00 AM
Secretary of State

DOCUMENT # 764778

1. Entity Name
ORLANDO WHEELCHAIR GAMES, INC.



Principal Place of Business
**8426 ISLAND PALM CIRCLE
ORLANDO, FL 32835**

Mailing Address
**8426 ISLAND PALM CIRCLE
ORLANDO, FL 32835**



01282008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2429792	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

**MOORE, JIM
8426 ISLAND PALM CIRCLE
ORLANDO, FL 32835**

**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, 2008**

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	PRES TABLER, BRYAN 2883 EUSTON ROAD WINTER PARK, FL 32789
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOCHAR, TED 3610 PELICAN LANE ORLANDO, FL 32083
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES MOORE, JIM 8426 ISLAND PALM CIRCLE ORLANDO, FL 32835
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC DAY, KAREN B 2004 PALM VIEW DRIVE APOPKA, FL 32712
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000850119
03/21/08-80050-010 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

Jim Moore **JIM MOORE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/2008

Date

407-399-3920

Daytime Phone #