

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2008 8:00 am**  
**Secretary of State**

01-23-2008 90007 016 \*\*\*\*61.25

**DOCUMENT # F00000004539**

1. Entity Name

WHEELCHAIR FOUNDATION, INC. \* NAME CHANGED TO

GLOBE HEALTH AND  
EDUCATION FOUNDATION - APPLICATION  
TO FILE AMENDMENT FILED.



Principal Place of Business  
3820 BLACKHAWK ROAD  
DANVILLE, CA 94506-4617

Mailing Address  
3820 BLACKHAWK ROAD  
DANVILLE, CA 94506-4617

40000000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
94-3353881

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KALINOSKI, SHARON  
2131 HOLLYWOOD BLVD STE 505  
HOLLYWOOD, FL 33020-6753

Name

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

City

FL

Zip Code

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

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME BEINKE, STEPHEN  
STREET ADDRESS 3820 BLACKHAWK ROAD  
CITY-ST-ZIP DANVILLE, CA 94506

TITLE PD ☐ Delete  
NAME BEHRING, DAVID E  
STREET ADDRESS 3820 BLACKHAWK ROAD  
CITY-ST-ZIP DANVILLE, CA 945064617

TITLE VDT ☐ Delete  
NAME CALLISON, EARL J  
STREET ADDRESS 376 SHIRE OAK CT  
CITY-ST-ZIP LAFAYETTE, CA 94549

TITLE D ☒ Delete  
NAME LEWIS, CHRISTOPHER J  
STREET ADDRESS 9000 CROW CANYON ROAD S-133  
CITY-ST-ZIP DANVILLE, CA 94506

TITLE SD ☐ Delete  
NAME RUDD, CHRISTOPHER L  
STREET ADDRESS 2055 E PACIFIC COAST HWY  
CITY-ST-ZIP MALIBU, CA 90265

TITLE CD ☐ Delete  
NAME BEHRING, KENNETH E  
STREET ADDRESS 3820 BLACKHAWK RD  
CITY-ST-ZIP DANVILLE, CA 94506

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  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME DR. JOHN WINHELMY MD  
STREET ADDRESS 5201 NORRIS CANYON ROAD # 300  
CITY-ST-ZIP SAN RAMON, CA 94506  
DIRECTOR

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/08

975-736-1571