## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000007786

Entity Name: WHEELCHAIR SPORTS OF TAMPA BAY, INC.

FILED Feb 20, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

35227 JANINE DRIVE 35227 JANINE DRIVE ZAPHYRHILLS, FL 33541 ZEPHYRHILLS, FL 33541

Current Mailing Address: New Mailing Address:

35227 JANINE DRIVE 35227 JANINE DRIVE ZAPHYRHILLS, FL 33541 ZEPHYRHILLS, FL 33541

FEI Number: 59-3756580 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILKERSON, ROBERT S

12331 HAWKEYE POINT PLACE
RIVERVIEW, FL 33569 US

WILKERSON, ROBERT S

2819 PARK MEADOW DR.
VALRICO, FL 33594 US

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: 02/20/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DP () Delete
 Title:
 DP (X) Change () Addition

 Name:
 WILKERSON, TRACY A
 Name:
 WILKERSON, TRACY A

 Address:
 12331 HAWKEYE POINT PLACE
 Address:
 2819 PARK MEADOW DR.

City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: VALRICO, FL 33594

Title: DT ( ) Delete Title: D (X) Change ( ) Addition Name: WILKERSON, ROBERT S WILKERSON, ROBERT S

Address: 12331 HAWKEYE POINT PLACE Address: 2819 PARK MEADOW DR. City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: VALRICO, FL 33594

Title: DS ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MORRISON, KRISTA L
 Name:

 Address:
 6256 CRICKET HOLLOW DR
 Address:

 City-St-Zip:
 RIVERVIEW, FL 33569
 City-St-Zip:

Title: DT ( ) Delete Title: DT (X) Change ( ) Addition

 Name:
 MANN, NATALIE R
 Name:
 MANN, NATALIE R

 Address:
 10167 CEDAR DUNE DRIVE
 Address:
 35227 JANINE DRIVE

 City-St-Zip:
 TAMPA, FL 33624
 City-St-Zip:
 ZEPHYRHILLS, FL 33541

Title: ( ) Delete Title: D ( ) Change (X) Addition

 Name:
 Name:
 MANN, DOYLE W

 Address:
 Address:
 35227 JANINE DRIVE

 City-St-Zip:
 City-St-Zip:
 ZEPHYRHILLS, FL 33541

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NATALIE MANN DT 02/20/2006