

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007786

FILED
Feb 23, 2007
Secretary of State

Entity Name: WHEELCHAIR SPORTS OF TAMPA BAY, INC.

Current Principal Place of Business:

35227 JANINE DRIVE
ZEPHYRHILLS, FL 33541

New Principal Place of Business:

Current Mailing Address:

35227 JANINE DRIVE
ZEPHYRHILLS, FL 33541

New Mailing Address:

FEI Number: 59-3756580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILKERSON, ROBERT S
2819 PARK MEADOW DR.
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WILKERSON, TRACY A
Address: 2819 PARK MEADOW DR.
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: WILKERSON, ROBERT S
Address: 2819 PARK MEADOW DR.
City-St-Zip: VALRICO, FL 33594

Title: DS () Delete
Name: MORRISON, KRISTA L
Address: 6256 CRICKET HOLLOW DR
City-St-Zip: RIVERVIEW, FL 33569

Title: DT () Delete
Name: MANN, NATALIE R
Address: 35227 JANINE DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: D () Delete
Name: MANN, DOYLE W
Address: 35227 JANINE DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MANN, DOYLE W
Address: 35227 JANINE DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: D (X) Change () Addition
Name: WILKERSON, TRACY A
Address: 2819 PARK MEADOW DR.
City-St-Zip: VALRICO, FL 33594

Title: DVP (X) Change () Addition
Name: RICHMOND, JOHN D
Address: PO BOX 39
City-St-Zip: CRYSTAL SPRINGS, FL 33524

Title: DST (X) Change () Addition
Name: MANN, NATALIE R
Address: 35227 JANINE DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: D (X) Change () Addition
Name: WILKERSON, ROBERT S
Address: 2819 PARK MEADOW DR.
City-St-Zip: VALRICO, FL 33594

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

DST

02/23/2007

Electronic Signature of Signing Officer or Director

Date