


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000002598	
1. Entity Name MS. WHEELCHAIR FLORIDA INC.	

Principal Place of Business 9605 44TH ST PINELLAS PARK, FL 33782	Mailing Address 9605 44TH ST PINELLAS PARK, FL 33782
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01302004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0661866	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HASKINS, ETHEL 9605 44TH ST PINELLAS PARK, FL 33782

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000034071
02/05/04-80067-024 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHALLER, KAREN 1201 5TH AVE N #408 ST PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRICE, CAROL PO BOX 8731 MADIERA BEACH, FL 33738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HASKINS, ETHEL 9605 44TH ST N PINELLAS PK, FL 33782
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *Ethel Haskins* *ETHEL HASKINS* 2/1/04 727.577.2455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #