

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 28, 2006
Secretary of State**

DOCUMENT# N02000004495

Entity Name: NATIONAL SPINAL CORD SOCIETY FOR THE CURE OF PARALYSIS, INC.

Current Principal Place of Business:

2477 E SUNRISE BLVD
FT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

2477 E SUNRISE BLVD
FT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 47-0871803 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DINNA, EDWARD T ESQ.
719 W SUNRISE BLVD
FT LAUDERDALE, FL 33304 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: D () Delete
Name: CHIPMAN, DAVID
Address: 2477 E SUNRISE BLVD
City-St-Zip: FT LAUDERDALE, FL 33301

Title: D () Delete
Name: DINNA, EDWARD T
Address: 2477 E SUNRISE BLVD
City-St-Zip: FT LAUDERDALE, FL 33301

Title: D () Delete
Name: DINNA, JOAN
Address: 2477 E. SUNRISE BLVD
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID CHIPMAN

D

02/28/2006

Electronic Signature of Signing Officer or Director

_____ Date