

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000006132

1. Entity Name
TAMPA BAY WHEELCHAIR SPORTS, INC.



Principal Place of Business

2 COLUMBIA DRIVE
ROOM R212A
TAMPA, FL 33606

Mailing Address

P.O. BOX 1289
TAMPA, FL 33601

DO NOT WRITE IN THIS SPACE



01052006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STARK, JUSTIN
11095 AUBURNDALE STREET
SPRING HILL, FL 34609

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME STARK, JUSTIN
STREET ADDRESS 11095 AUBURNDALE STREET
CITY-ST-ZIP SPRING HILL, FL 34609

TITLE D
NAME STERNER, BRIAN
STREET ADDRESS 10202 MERRIMAC MANOR DR
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE D
NAME GOULD, DAVID
STREET ADDRESS 5535 EL CERRO DR
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000410079
02/09/06-80022-004 61.25

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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:

Justin Stark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/27/06

Daytime Phone #

813-844-4486