

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009300

FILED  
Apr 28, 2005  
Secretary of State

**Entity Name:** NORTHEAST FLORIDA WHEELCHAIR BASKETBALL INC.

**Current Principal Place of Business:**

8787 SOUTHSIDE BLVD. #4306  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

8787 SOUTHSIDE BLVD. #4306  
JACKSONVILLE, FL 32256

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

GREEN, ARTHUR  
8787 SOUTHSIDE BLVD. #4306  
JACKSONVILLE, FL 32256 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: P ( ) Delete  
Name: GREEN, ARTHUR  
Address: 8787 SOUTHSIDE BLVD. #4306  
City-St-Zip: JACKSONVILLE, FL 32256

Title: V ( ) Delete  
Name: DOUGHTY, ERIC C  
Address: 2508 ST. JOHNS BLVD.  
City-St-Zip: JACKSONVILLE BEACH, FL 32205

Title: S ( ) Delete  
Name: LEWIS, RONALD  
Address: 4606 WOOD AVENUE  
City-St-Zip: JACKSONVILLE, FL 32207

**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 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 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: ARTHUR GREEN

P

04/28/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date