

N10000007717

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Amel
FEB 14 2013

R. WHITE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2013

PAUL STEVENS
26 8TH STREET
BONITA SPRINGS, FL 34134

SUBJECT: WHEELCHAIR ADVENTURES CORPORATION
Ref. Number: N10000007717

We have received your document for WHEELCHAIR ADVENTURES CORPORATION and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6820.

Rebekah White
Regulatory Specialist

Letter Number: 313A00002508

RECEIVED
13 FEB 13 AM 8:06
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



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Division of Corporations

January 31, 2013

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Letter Number: 313A00002508

COVER LETTER

TO: Amendment Section
• Division of Corporations

NAME OF CORPORATION: Wheelchair Adventures

DOCUMENT NUMBER: N10000007717

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul Stevens

(Name of Contact Person)

(Firm/ Company)

26 8th Street

(Address)

Bonita Springs, Florida 34134

(City/ State and Zip Code)

mrseespino@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mandie Espino

(Name of Contact Person)

at **(239) 839-2983**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|--|---|---|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Wheelchair Adventures

DOCUMENT NUMBER: N10000000 7717

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(Name of Contact Person)

(Firm/ Company)

26 8th St.
(Address)

Bonita Springs, FL 34134
(City/ State and Zip Code)

E-mail address: (to be used for future annual report notification)

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Certified Copy
(Additional Copy is
Enclosed) |
|--|--|---|---|

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Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

↑ already
sent

Articles of Amendment
to
Articles of Incorporation
of

FILED
13 FEB 13 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Wheelchair Adventures
(Name of Corporation as currently filed with the Florida Dept. of State)

N10000007717

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new

name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

N/A

(Florida street address)

New Registered Office Address:

_____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

N/A

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Patricia Hopkins</u>	<u>5324 SW 2nd Pl</u> <u>Cape Coral, FL</u> <u>33914</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Paul Stevens</u>	<u>26 8th St</u> <u>Bonita Springs, FL</u> <u>34134</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Article IV(3) has been modified to include the ~~new~~ language needed for 501c3 Status. Also, elaborated on description of service provided by Wheelchair Adventures.

Article IV(4) has been changed to list the directors.

Article V(5) refers to no one benefiting from Wheelchair Adventures

Article VI(6) has been changed to a dissolution clause

Article VII(7) now list the registered agent and office

Article VIII(8) states no members
Article IX(9) addresses duration of corporation

Article numbers have been changed from Roman numerals to numbers

The date of each amendment(s) adoption: 09/24/2012

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 2-11-2013

Signature

[Signature]
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Paul Stevens

(Typed or printed name of person signing)

President

(Title of person signing)

**ARTICLES OF INCORPORATION
OF
WHEELCHAIR ADVENTURES
A NONPROFIT CORPORATION**

[Form 4]

Articles of Incorporation of the undersigned, a majority of whom are citizens of the United States, desiring to form a Nonprofit Corporation under the Nonprofit Corporation Law of Florida, do hereby certify:

Article 1: The name of the corporation shall be: Wheelchair Adventures

Article 2: The Place in this state where the principal office of the Corporation is to be initially located is the City of Bonita Springs, Lee County.

Article 3: Said corporation is organized exclusively for charitable and educational including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future tax code. The specific purpose of the corporation is to: improve quality of life with client centered consultation and training across the home, school, recreational and vocational environments. Providing high quality supervised vacation opportunities for adults with developmental disabilities and other special needs. We also arrange custom trips for groups with special needs. Our Counseling and Therapeutic Services Division offers a highly qualified team of licensed therapists. Exceptional Wellness offers yoga and mindfulness classes taught by registered teachers in a small class environment.

Wheelchair Adventures Corp. a charitable organization dedicated to providing high quality vacation opportunities for individuals with developmental disabilities and other special needs. Allowing respite to the daily care providers which would otherwise be provided by Medicaid waiver services thus lessening the burden on the government. We ensure a safe environment that promotes integration, socialization, friendship and fun.

Wheelchair Adventures Corp. provides a wonderful opportunity for personal growth, normalization and socialization in a safe and fun atmosphere. We have professional staff committed to providing our travelers with the experience of a lifetime. The small group size on our vacations allows us to give the necessary attention to the special needs of all our travelers. Our travel packages are all inclusive. Vacationers only need to bring the desire for a new and rewarding experience.

Article 4: The corporation shall have three directors. The initial directors' name(s) and address(es) is/are:

President: Paul Stevens
26 8th Street
Bonita Springs, FL 34134 US

Vice President: Missy Lascola
1338 NW 15th PL
Cape Coral, FL 33993 US

Secretary: Mandie Espino
563 Pachman Cir
Lehigh Acres, FL 33974 US

Article 5: No part of the net earnings of the corporation shall inure to the benefit of or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article 3 hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of the corporation.

Article 6: Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organizations, as said Court shall determine, which are operated exclusively for such purposes.

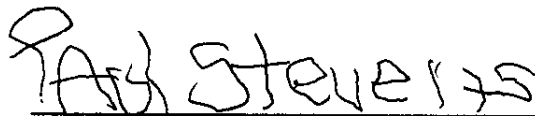
Article 7: The registered agent and registered office of this corporation are:

Paul Stevens
26 8th Street
Bonita Springs FL 34134 US

Article 8: The Corporation shall not have members.

Article 9: The period of duration of the corporation is perpetual.

The undersigned, being the registered (or statutory) agent listed in these Articles of Incorporation, hereby accepts the position as such and agrees to act in such capacity. The undersigned further represents that he or she is familiar with the obligations of the position and agrees to comply with them.



Registered Agent

**Electronic Articles of Incorporation
For**

N10000007717
FILED
August 16, 2010
Sec. Of State
rdunlap

WHEELCHAIR ADVENTURES CORPORATION

The undersigned incorporator, for the purpose of forming a Florida not-for-profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

WHEELCHAIR ADVENTURES CORPORATION

Article II

The principal place of business address:

26 8TH STREET
BONITA SPRINGS, FL. 34134

The mailing address of the corporation is:

26 8TH STREET
BONITA SPRINGS, FL. 34134

Article III

The specific purpose for which this corporation is organized is:

TO PROVIDE OPPORTUNITIES FOR PERSONS WITH PHYSICAL
☐ ☐ DISABILITIES TO TRAVEL THROUGHOUT THE US, WITH PREPLANNED
ACCOMMODATIONS AND ACTIVITIES THAT ARE WHEELCHAIR
ACCESSIBLE.

Article IV

The manner in which directors are elected or appointed is:

AS PROVIDED FOR IN THE BYLAWS.

Article V

The name and Florida street address of the registered agent is:

PAUL M STEVENS
26 8TH STREET
BONITA SPRINGS, FL. 34134

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: PAUL STEVENS

N10000007717
FILED
August 16, 2010
Sec. Of State
rdunlap

Article VI

The name and address of the incorporator is:

PAUL STEVENS
26 8TH STREET

BONITA SPRINGS, FL 34134

Incorporator Signature: PAUL STEVENS

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P
PATRICIA HOPKINS
5324 SW 2ND PL
CAPE CORAL, FL. 33914 US

Title: VP
MISSY LASCOLA
1338 NW 15TH PL
CAPE CORAL, FL. 33993 US

Title: SECT
JULIE LYLES-DIGBY
14900 REFLECTION KEY CIRCLE #2211
FT. MYERS, FL. 33907 US

Article VIII

The effective date for this corporation shall be:

08/16/2010