


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N47122</b> 1. Entity Name NATIONAL WHEELCHAIR SPORTS FUND, INC.		
Principal Place of Business 251 S COUNTY RD PALM BEACH, FL 33480 US		Mailing Address 251 S. COUNTY ROAD PALM BEACH, FL 33480 US
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  SIMS, H. BRYANT 7301 S DIXIE HWY. WEST PALM BCH., FL 33405		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KARR, VERENA S 3595 ROYAL TERN CIRCLE BOYNTON BCH, FL 33436	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FISHER, LESTER B JR. 127 E CIRCLE JEFFERSON CITY, MO 65109	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KARR, BRUCE L 3595 ROYAL TERN CIRCLE BOYNTON BCH., FL 33436	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, RICHARD F JR 4205 REMIGTON PARK COURT FLOWER MOUND, TX 75028	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAIRBANKS, WILLIAM B 3504 E BARON CT ORANGE, CA 92869	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Bruce L. Karr</u> <u>BRUCE L. KARR</u> 1/25/07 (561)655-4930 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01192007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
58-1727596

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

U00000604192  
01/29/07-80044-001 61.25

**DO NOT WRITE  
IN THIS SPACE**