

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47122

FILED
Apr 24, 2009
Secretary of State

Entity Name: NATIONAL WHEELCHAIR SPORTS FUND, INC.

Current Principal Place of Business:

123 N. CONGRESS AVE.
#340
BOYNTON BEACH, FL 33426 US

New Principal Place of Business:

Current Mailing Address:

123 N. CONGRESS AVE.
#340
PALM BEACH, FL 33426 US

New Mailing Address:

123 N. CONGRESS AVE.
#340
BOYNTON BEACH, FL 33426 US

FEI Number: 58-1727596

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

H. BRYANT SIMS
250 ESSEX LANE
WEST PALM BCH., FL 33405 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: SD () Delete
Name: KARR, VERENA S
Address: 3595 ROYAL TERN CIRCLE
City-St-Zip: BOYNTON BCH, FL 33436 US

Title: VD () Delete
Name: FISHER, LESTER B JR.
Address: 127 E CIRCLE
City-St-Zip: JEFFERSON CITY, MO 65109 US

Title: PD () Delete
Name: KARR, BRUCE L
Address: 3595 ROYAL TERN CIRCLE
City-St-Zip: BOYNTON BCH., FL 33436 US

Title: D () Delete
Name: COOPER JR, RICHARD F
Address: 4205 REMINGTON PARK COURT
City-St-Zip: FLOWER MOUND, TX 75028 US

Title: D () Delete
Name: FAIRBANKS, WILLIAM B
Address: 3504 E BARON CT
City-St-Zip: ORANGE, CA 92869 US

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:

Title: D (X) Change () Addition
Name: COOPER JR, RICHARD F
Address: 4205 REMINGTON PARK COURT
City-St-Zip: FLOWER MOUND, TX 75028 US

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

I hereby certify that the information supplied with this filing does not qualify 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: BRUCE L. KARR

PD

04/24/2009

Electronic Signature of Signing Officer or Director

Date