

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000771 (7)

1. Corporation Name

PINELLAS ASSOCIATION OF WHEELCHAIR TRANSPORTATION PROVIDERS, INC.



Principal Place of Business

Mailing Address

**3000 34TH STREET SOUTH
SUITE K
ST PETERSBURG FL 33711**

**3000 34TH STREET SOUTH
SUITE K
ST PETERSBURG FL 33711**

3. Date Incorporated or Qualified

12/14/1992

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3152386

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREEN, JAMES L
C/O VIP WHEELCHAIR TRANSPORT, INC.
5880 49TH STREET N., STE. N-204
ST. PETERSBURG FL 33709**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **HOEL, WILLIAM R**
STREET ADDRESS **3000 34TH ST., SOUTH, SUITE K**
CITY-ST-ZIP **ST. PETERSBURG FL 33711**

1.1 TITLE

☐ Change

☐ Addition

TITLE **SD** ☐ DELETE
NAME **GREEN, JAMES L**
STREET ADDRESS **5880 - 49TH ST., N., STE. N-204**
CITY-ST-ZIP **ST. PETERSBURG FL**

1.2 NAME

☐ Change

☐ Addition

TITLE **TD** ☐ DELETE
NAME **WISE, JAMES N**
STREET ADDRESS **13490 WALSINGHAM ROAD**
CITY-ST-ZIP **LARGO FL 34644**

1.3 STREET ADDRESS

☐ Change

☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James L. Green, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James L. Green

3/15/96
Date

813-522-2833
Daytime Phone #

CR2E037 (12/95)