


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000004876	
1. Entity Name SUNCOAST WHEELCHAIR ATHLETIC ASSOCIATION, INC.	

Principal Place of Business 5593 CEDAR OAK BLVD. SARASOTA, FL 34233	Mailing Address 5593 CEDAR OAK BLVD. SARASOTA, FL 34233
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07252005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0602556	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WETHERINGTON, BILLY 677 N WASHINGTON BLVD STE 39 SARASOTA, FL 34236

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000376031 08/10/05-80002-013 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HOOPER, ED 5593 CEDAR OAK BLVD. SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD O'CONNOR, PATRICK 6110 PINE TREE DR BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WETHERINGTON, BILLY 677 N WASHINGTON # 39 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAWKINS, DON 2300 FAIR FIELD AVE. SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 <i>Billy Wetherington</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	BILLY WETHERINGTON	Date 7-25-05	Daytime Phone # 941-954-8688
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