


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N96000001798 (5)**

1. Corporation Name

**PARALYZED VETERANS ASSOCIATION OF FLORIDA FOUNDATION, INC.**



Principal Place of Business	Mailing Address
6200 NORTH ANDREWS AVENUE FT. LAUDERDALE FL 33309	6200 NORTH ANDREWS AVENUE FT. LAUDERDALE FL 33309-2129

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	65-0655994	03/27/1996
22 City & State	27 City & State	5. Certificate of Status Desired	Applied For
23 Zip Country	28 Zip Country	<input type="checkbox"/> \$8.75 Additional Fee Required	Not Applicable
24	25	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LANHAM, MICHAEL F BISCAYNE BUILDING SUITE #1102 19 WEST FLAGLER STREET MIAMI FL 33130	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DE ARMAS, PEDRO	1.2 NAME	JERRY D. JONES
STREET ADDRESS	2652 ABELL ROAD	1.3 STREET ADDRESS	936 INTRACOASTAL DRIVE, #703
CITY-ST-ZIP	LAKE PLACID FL 33852	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33304
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAZZANO, ERNEST	2.2 NAME	
STREET ADDRESS	6523 NW 28TH COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33063	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONSON, DAVID	3.2 NAME	
STREET ADDRESS	1400 NW 19TH STREET #204	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33125	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLETTE, THOMAS E	4.2 NAME	
STREET ADDRESS	5408 NW 49TH WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33319	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, PAULA	5.2 NAME	
STREET ADDRESS	2091 NW 98TH TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: Paula Taylor PAULA TAYLOR 1/7/97 954-771-7822  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0035847

CR2E037 (9/96)