

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90001 024 ****70.00

DOCUMENT # N96000001798					
1. Entity Name PARALYZED VETERANS ASSOCIATION OF FLORIDA FOUNDATION, INC.					
Principal Place of Business 3799 NORTH ANDREWS AVENUE FT. LAUDERDALE, FL 33309			Mailing Address 3799 NORTH ANDREWS AVENUE FT. LAUDERDALE, FL 33309		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02212007 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0655994				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LANHAM, MICHAEL F BISCAYNE BUILDING SUITE #1102 19 WEST FLAGLER STREET MIAMI, FL 33130			Name CHUCK RIVENBURGH Street Address (P.O. Box Number is Not Acceptable) MIAMI VAMC NH2, RM 250 1201 NW 16 ST City MIAMI FL Zip Code 33125		
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 CHUCK RIVENBURGH <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VP	NAME DE ARMAS, PEDRO STREET ADDRESS 1208 ROYAL TERN DRIVE CITY-ST-ZIP PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Delete	TITLE PD	NAME CHUCK RIVENBURGH STREET ADDRESS MIAMI VAMC NH2, RM 250 CITY-ST-ZIP 1201 NW 16 ST MIAMI, FL 33125	<input checked="" type="checkbox"/> Addition
TITLE SD	NAME COLLETTE, THOMAS E STREET ADDRESS 15326 LAKE WILDFLOWER RD CITY-ST-ZIP DELRAY BEACH, FL 33484	<input checked="" type="checkbox"/> Delete	TITLE SD	NAME ENRIQUE LOPEZ STREET ADDRESS 8168 SW 166 ST CITY-ST-ZIP MIAMI, FL 33193	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	NAME CONQUEST, TROY STREET ADDRESS 2753 COLONIAL BLVD #105 CITY-ST-ZIP FORT MYERS, FL 33907	<input checked="" type="checkbox"/> Delete	TITLE D	NAME JERRY JONES STREET ADDRESS 6537 JOG ESTATES LANE CITY-ST-ZIP BOYNTON BEACH, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T	NAME JONES, JERRY D. STREET ADDRESS 936 INTRACOASTAL DRIVE, #703 CITY-ST-ZIP FT LAUDERDALE, FL	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P	NAME WALTER, REX STREET ADDRESS 9656 ARLIA WAY CITY-ST-ZIP BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, and all other like appointments.					
SIGNATURE Jerry D. Jones, Treasurer SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date				Daytime Phone # 954-575-8885	