

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90038 003 ****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**

DO NOT WRITE IN THIS SPACE



02032008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0655994

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RIVENBURGH, CHUCK
MIAMI VAMC NH2, RM 250
1201 NW 16TH STREET
MIAMI, FL 33125**

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RIVENBURGH, CHUCK
STREET ADDRESS MIAMI VAMC NH2, RM 250, 1201 NW 16TH ST.
CITY-ST-ZIP MIAMI, FL 33125

TITLE SD
NAME LOPEZ, ENRIQUE
STREET ADDRESS 8168 SW 166TH STREET
CITY-ST-ZIP MIAMI, FL 33193

TITLE D
NAME JONES, JERRY
STREET ADDRESS 6537 JOG ESTATES LANE
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE T
NAME JONES, JERRY D.
STREET ADDRESS 936 INTRACOASTAL DRIVE, #703
CITY-ST-ZIP FT LAUDERDALE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY D. JONES 2/5/08 (954) 565-8885

Date

Daytime Phone #