

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001798

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** PARALYZED VETERANS ASSOCIATION OF FLORIDA FOUNDATION, INC.

**Current Principal Place of Business:**

3799 NORTH ANDREWS AVENUE  
FT. LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

3799 NORTH ANDREWS AVENUE  
FT. LAUDERDALE, FL 33309

**New Mailing Address:**

**FEI Number:** 65-0655994

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

RIVENBURGH, CHARLES W  
MIAMI VAMC NH2, RM 250  
1201 NW 16TH STREET  
MIAMI, FL 33125 US

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.

SIGNATURE: CHARLES W. RIVENBURGH

01/16/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RIVENBURGH, CHUCK  
Address: MIAMI VAMC NH2, RM 250, 1201 NW 16TH ST.  
City-St-Zip: MIAMI, FL 33125

Title: SD ( ) Delete  
Name: LOPEZ, ENRIQUE  
Address: 8168 SW 166TH STREET  
City-St-Zip: MIAMI, FL 33193

Title: D ( ) Delete  
Name: JONES, JERRY  
Address: 6537 JOG ESTATES LANE  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: T ( ) Delete  
Name: JONES, JERRY D.  
Address: 936 INTRACOASTAL DRIVE, #703  
City-St-Zip: FT LAUDERDALE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: RIVENBURGH, CHARLES W  
Address: MIAMI VAMC NH2, RM 250, 1201 NW 16TH ST.  
City-St-Zip: MIAMI, FL 33125

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: HAVERN, PATRICK  
Address: 4577 NW 88 TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES W. RIVENBURGH

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date