

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001798

FILED
Jan 06, 2011
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, CHARLES W
MIAMI VAMC NH2, RM 250
1201 NW 16TH STREET
MIAMI, FL 33125 US

Name and Address of New Registered Agent:

RIVENBURGH, CHARLES W III
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 III

01/06/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: SD
Name: MOBLEY, GORDON
Address: 5100 SW 90 AVE #403
City-St-Zip: COOPER CITY, FL 33328

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

Title: T
Name: JONES, JERRY D
Address: 936 INTRACOASTAL DRIVE, #703
City-St-Zip: FT LAUDERDALE, FL 33304

I hereby 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 all other like empowered.

SIGNATURE: CHARLES W. RIVENBURGH III

PD

01/06/2011

Electronic Signature of Signing Officer or Director

Date