2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2012
Secretary of State

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: BROWN, CHARLES O
Address: 3799 N. ANDREWS AVE.
City-St-Zip: OAKLAND PARK, FL 33309

Title: VP
Name: JONES, GERALD
Address: 3799 N. ANDREWS AVE.
City-St-Zip: OAKLAND PARK, FL 33309

Title: S
Name: LOPEZ, ENRIQUE
Address: 3799 N. ANDREWS AVE
City-St-Zip: OAKLAND PARK, FL 33309

Title: T
Name: WINSECK, JEFFREY
Address: 3799 N. ANDREWS AVE.
City-St-Zip: OAKLAND PARK, FL 33309

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 O. BROWN PRES 01/09/2012

Electronic Signature of Signing Officer or Director — Date