2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N03080

Entity Name: FLORIDA CENTRAL WEST COAST CHAPTER OF ICC & BOAF INC.

Current Principal Place of Business:

CITY OF PINELLAS PARK
6051 78TH AVENUE N.
PINELLAS PARK, FL 33780 US

New Principal Place of Business:

Current Mailing Address:

2764 BRAHAM CT
PALM HARBOR, FL 34684 US

New Mailing Address:

FEI Number: 65-0204765 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BREVOORT, GARY P
2764 BRAHAM CT
PALM HARBOR, FL 34684 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: PD ( ) Delete
Name: MURPHY, PATRICK
Address: 6051 78TH AVE N
City-St-Zip: PINELLAS PARK, FL 34781

Title: VD ( ) Delete
Name: TIPTON, JACK
Address: 310 COURT ST
City-St-Zip: CLEARWATER, FL 33756

Title: TD ( ) Delete
Name: BREVOORT, GARY P
Address: 2764 BRAHAMCT
City-St-Zip: PALM HARBOR, FL 34684

Title: SD ( ) Delete
Name: MOORE, TIMOTHY J
Address: 2041 OVERVIEW DR
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: GARY BREVOORT TD 01/16/2009

Electronic Signature of Signing Officer or Director — Date