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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N30271

1. Corporation Name

WEST FLORIDA HOME EDUCATION SUPPORT LEAGUE, INC.

Principal Place of Business
417 RONDA STREET
PENSACOLA FL 32534

Mailing Address
P.O. BOX 11720
PENSACOLA FL 32524



2. Principal Place of Business 21 1104 E. Strong St. Suite, Apt. #, etc. 22 City & State 23 Pensacola, FL Zip 32501 Country Escambia	2a. Mailing Address 26 PO Box 11720 Suite, Apt. #, etc. 27 City & State 28 Pensacola, FL Zip 32524 Country Escambia	3. Date Incorporated or Qualified 01/19/1989 4. FEI Number 59-3009995 Applied For Not Applicable 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

HEMME, SYLVIA
417 RONDA STREET
PENSACOLA FL 32534

10. Name and Address of New Registered Agent

81 Name Mark Chivers
82 Street Address (P.O. Box Number is Not Acceptable)
1104 E. Strong St.
83
84 City Pensacola FL 85 Zip Code 32501

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Mark Chivers* *MARK CHIVERS* 5-11-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	HEMME, SYLVIA	1.2 NAME	Mark Chivers
STREET ADDRESS	417 RONDA STREET	1.3 STREET ADDRESS	1104 E. Strong St.
CITY-ST-ZIP	PENSACOLA FL 32534	1.4 CITY-ST-ZIP	Pensacola, FL 32501
TITLE	VD	2.1 TITLE	VD
NAME	BAGNEL, HERB	2.2 NAME	
STREET ADDRESS	1050 PINEDALE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL 32533	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	TD
NAME	CHIVERS, MARK	3.2 NAME	Terry Boccia
STREET ADDRESS	1104 E STRONG STREET	3.3 STREET ADDRESS	8003 Beaver Cir #2
CITY-ST-ZIP	PENSACOLA FL 32501	3.4 CITY-ST-ZIP	Pensacola, FL 32534
TITLE	SD	4.1 TITLE	SD
NAME	THORNEN, BETTY	4.2 NAME	Laura Cedeno
STREET ADDRESS	7674 PETERSON POINTE RD	4.3 STREET ADDRESS	10240 Bowman Ave.
CITY-ST-ZIP	MILTON FL 32583	4.4 CITY-ST-ZIP	Pensacola, FL 32534
TITLE	D	5.1 TITLE	D
NAME	HOLLER, SHERIE	5.2 NAME	Cynthia Berger
STREET ADDRESS	1151 HWY. 95-A SOUTH	5.3 STREET ADDRESS	8030 Short Dr.
CITY-ST-ZIP	CANTONMENT FL 32533	5.4 CITY-ST-ZIP	Pensacola, FL 32514
TITLE	D	6.1 TITLE	
NAME	CLEMENT, LYNN	6.2 NAME	
STREET ADDRESS	2409 CONNELL DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark Chivers **SIGNATURE REQUIRED**

4-30-99

850-452-2073

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)