

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30271

FILED
Apr 04, 2009
Secretary of State

Entity Name: WEST FLORIDA HOME EDUCATION SUPPORT LEAGUE, INC.

Current Principal Place of Business:

6820 DEVONSHIRE CIR
PENSACOLA, FL 32506

New Principal Place of Business:

Current Mailing Address:

PO BOX 11720
PENSACOLA, FL 32524

New Mailing Address:

FEI Number: 59-3009995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROWN, COLBY
6820 DEVONSHIRE CIR
PENSACOLA, FL 32506 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: VD () Delete
Name: BROWN, COLBY
Address: 6820 DEVONSHIRE CIR
City-St-Zip: PENSACOLA, FL 32506

Title: TD () Delete
Name: GRUBB, BOBETTE
Address: 2712 ASHBURY LN
City-St-Zip: CANTONMENT, FL 32533

Title: SD () Delete
Name: RODGERS, CHRISTINE
Address: 6840 FRANK REEDER ROAD
City-St-Zip: PENSACOLA, FL 32526

Title: D () Delete
Name: KADERLY, MELISSA
Address: P.O. BOX 69
City-St-Zip: MOLINO, FL 32577

Title: PD () Delete
Name: STEMEN, MERRICK
Address: 3307 TWO SISTERS WAY
City-St-Zip: PENSACOLA, FL 32505

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:

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: BOBETTE M. GRUBB

TD

04/04/2009

Electronic Signature of Signing Officer or Director

Date