


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90007 040 ****61.25

DOCUMENT # N99000001583			
1. Entity Name FLORIDA WEST COAST RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL, INC.			
Principal Place of Business 945 25TH DRIVE EAST SUITE 11 ELLENTON FL 34222		Mailing Address 945 25TH DRIVE EAST SUITE 11 ELLENTON FL 34222	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

34014061



MOORE CR2E037 (1/1/03)

4. FEI Number 31-1654804		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CONNOR, JR, JOHN J. 11075 TAYLOR GRADE ROAD DUETTE FL 33834-6866		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *John J. O'Connor, Jr.* John J. O'Connor, Jr. 2/19/04
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'CONNOR JR, JOHN J 11075 TAYLOR GRADE RD DUETTE FL 33834-6866 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNSICKER, CHARLIE P.O. Box 1000 BRADENTON, FL 34206 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VAN EPPS, RICHARD 816 TARA WOOD LANE VALRICO FL 33594 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURWELL, NINA 3051 ALLENWOOD ST. SARASOTA, FL 34232 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOSADEETER, MIKE 4048 OLIVE AVE. SARASOTA FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/TREAS. SOSADEETER, MIKE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NONE TOMPKINS II, H CHRISTOPHER 1706 SOUTH KING AVE BRANDON FL 33511-6216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEYNE, JOHN DR. 13265 120TH LANE N. LARGO FL 33778 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Alleyne, JOHN DR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, CLIVE 4713 LORRAINE ROAD BRADENTON FL 34202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John J. O'Connor, Jr.* John J. O'Connor, Jr. 2/19/04 863 860 3307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #