



**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90034 028 \*\*\*\*61.25

<b>DOCUMENT # N99000001583</b>						
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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
				01312006	Chg-NP	CR2E037 (11/05)
				4. FEI Number 31-1654804	Applied For 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		<i>John J. Connor Jr.</i>		President		2/7/06
		Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE
Filing Fee is \$61.25 Due by May 1, 2006		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
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	O'CONNOR JR, JOHN J		NAME			
STREET ADDRESS	11075 TAYLOR GRADE RD		STREET ADDRESS			
CITY-ST-ZIP	DUETTE, FL 338346866		CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUNSICKER, CHARLIE		NAME			
STREET ADDRESS	PO BOX 1000		STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34206		CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SOSADEETER, MIKE		NAME			
STREET ADDRESS	4048 OLIVE AVE.		STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP			
TITLE	NONE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TOMPKINS II, H CHRISTOPHER		NAME			
STREET ADDRESS	1706 SOUTH KING AVE		STREET ADDRESS			
CITY-ST-ZIP	BRANDON, FL 335116216		CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	DIRECTOR (D)	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALLEYNE, JOHN DR.		NAME			
STREET ADDRESS	13265 120TH LANE N.		STREET ADDRESS			
CITY-ST-ZIP	LARGO, FL 33778		CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORRIS, CLIVE		NAME			
STREET ADDRESS	4713 LORRAINE ROAD		STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34202		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:		<i>John J. Connor Jr.</i>		2/7/06		863 860 3307
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #

ATTACHMENT 40012623

#N99000001583

FLORIDA  
WEST COAST



RESOURCE  
CONSERVATION  
& DEVELOPMENT

January 31, 2006

Attachment to 2006 Not-for-Profit Annual Report

Section 10: Additional Officers and Directors

VPD  
Dr. Carolyn Gregov  
Twin Lakes Park  
6700 Clark Road  
Sarasota, FL 34241

D  
Nina Burwell  
3651 Allenwood Street  
Sarasota, FL 34232

BOARD MEMBERS:

JOHN O'CONNOR, JR.  
PRESIDENT

DR. CAROLYN GREGOV  
VICE-PRESIDENT

MIKE SOSADEETER  
SECRETARY/TREASURER

CHARLIE HUNSICKER  
MEMBER

NINA BURWELL  
MEMBER

DR. JOHN ALLEYNE  
MEMBER