


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90063 005 ****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

40037222



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03052007 Chg-NP CR2E037 (12/06)

4. FEI Number
31-1654804

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CONNOR, JR, JOHN J
 11075 TAYLOR GRADE ROAD
 DUETTE, FL 33834-6866**

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is **\$61.25** Due by **May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD O'CONNOR JR, JOHN J 11075 TAYLOR GRADE RD DUETTE, FL 338346866 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'CONNOR JR, JOHN J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 945 25TH DR E, STE 11 ELLENTON, FL 34222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNSICKER, CHARLIE <input checked="" type="checkbox"/> Delete PO BOX 1000 BRADENTON, FL 34206	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROLL, RICHARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 945 25TH DR E, STE 11 ELLENTON, FL 34222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SOSADEETER, MIKE <input type="checkbox"/> Delete 4048 OLIVE AVE. SARASOTA, FL 34231	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 945 25TH DR E, STE 11 ELLENTON, FL 34222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEYNE, JOHN DR. <input type="checkbox"/> Delete 13206 120TH LANE N. LARGO, FL 33778	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 945 25TH DR E, STE 11 ELLENTON, FL 34222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GREGOV, DR. CAROLYN A <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 945 25TH DR E, STE 11 ELLENTON, FL 34222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, ALAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 945 25TH DR E, STE 11 ELLENTON, FL 34222

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: Michael C Sosadeeter 3/15/07 941-742-5923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #