

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **764249** (9)

1. Corporation Name  
**WEST COAST ROOFING CONTRACTOR'S ASSOCIATION, INC**



Principal Place of Business: 1005 W. BUSCH BLVD, 202C, TAMPA FL 33612, US  
Mailing Address: 1005 W. BUSCH BLVD, 202C, TAMPA FL 33612, US

3. Date Incorporated or Qualified: 07/21/1982  
3a. Date of Last Report: 04/18/1995

2. Principal Place of Business: 21 P.O. Box 172306  
2a. Mailing Address: 26 P.O. Box 172306

4. FEI Number: 59-2308716  
Applied For: Not Applicable

22. City & State: Tampa, FL  
27. City & State: Tampa, FL

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

23. Zip: 33672, Country: Hillsborough  
28. Zip: 33672, Country: Hillsborough

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

24. 25. 29. 30. 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
ROGERS, EVELYN D  
1000 N ASHLEY ST SUITE 630  
TAMPA FL 33602

10. Name and Address of New Registered Agent  
81 Name: Same  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City: FL 85 Zip Code

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: Evelyn D Rogers (NOTE: Registered Agent's signature required when re-registering) DATE: 4/30/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GLANDT, GORDON	
STREET ADDRESS	851 PLATEAU AVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LOPEZ, THOMAS H	
STREET ADDRESS	7213 N. 40TH STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KRUSE, STEVE	
STREET ADDRESS	6601 ADAMO DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROGERS, EVELYN D	
STREET ADDRESS	1000 N ASHLEY ST SUITE 630	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Evelyn D Rogers DATE: 4/30/96 DAY/TIME PHONE #: (813) 255-2550

CR2E037 (12/95)