## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#712838** 

FILED Apr 16, 2006 Secretary of State

Entity Name: FLORIDA WEST COAST CHAPTER, CSI, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4909 N. RIVER BOULEVARD TAMPA, FL 33603 **Current Mailing Address: New Mailing Address:** 4909 N. RIVER BOULEVARD TAMPA, FL 33603 FEI Number: 59-2801177 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STRIBLING, EDWARD R 4909 N. RIVER BOULEVARD TAMPA, FL 33603 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: V/D () Delete (X) Change ( ) Addition STONE, HEBER STONE, HEBER Name: Name: 1213 E. EDLEWILD AVENUE Address: 1213 E. EDLEWILD AVENUE Address: City-St-Zip: TAMPA, FL 33604 US City-St-Zip: TAMPA, FL 33604 US Title: Title: V/D (X) Change ( ) Addition ( ) Delete HARTLAGE, LAUREN J Name: SCOTT, JAY R Name: Address: 4162 PINE LAKE LANE #202 Address: 2510 BRIMHOLLOW DR City-St-Zip: TAMPA, FL 33618 US City-St-Zip: VALRICO, FL 33594 US Title: () Delete Title: () Change () Addition STRIBLING, EDWARD R Name: Name: Address: 4909 RIVER BLVD Address: City-St-Zip: TAMPA, FL 33603 US City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: MERFELD, MISSY Name: 5301 W. CYPRESS, SUITE 300 Address: Address: City-St-Zip: TAMPA, FL 33607 US City-St-Zip: Title: ( ) Delete Title: () Change () Addition NIERADKO, EDWARD J Name: Name: 5506 CAMILLE COURT Address: Address: City-St-Zip: LUTZ, FL 33549 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition WILSON, ROBERT R WILSON, ROBERT R Name: Name: Address: 407 WESTBOROUGH LANE Address: 407 WESTBOROUGH LANE SAFETY HARBOR, FL 34695 SAFETY HARBOR, FL 34695 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: EDWARD R. STRIBLING S/T 04/16/2006