

**2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000007244

**Entity Name:** WESTCARE FOUNDATION, INC.**Current Principal Place of Business:**1711 WHITNEY MESA DRIVE  
HENDERSON, NV 89014**Current Mailing Address:**1711 WHITNEY MESA DRIVE  
HENDERSON, NV 89014 US**FEI Number:** 86-0852629**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BUSINESS FILINGS INCORPORATED  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US*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

**Officer/Director Detail :**

Title            PRESIDENT, CEO  
Name            STEINBERG, RICHARD  
Address        1711 WHITNEY MESA DRIVE  
City-State-Zip: HENDERSON NV 89014

Title            VC  
Name            WALSH, THOMAS II  
Address        180 28TH AVENUE NORTH  
City-State-Zip: ST PETERSBURG FL 33704

Title            TREASURER  
Name            BOAZMAN, DERRICK  
Address        C/O URBAN PLANNING SOLUTION  
                 1860 BOND DRIVE  
City-State-Zip: ATLANTA GA 30315

Title            ASST. SECRETARY  
Name            HANNA, JIM  
Address        1711 WHITNEY MESA DRIVE  
City-State-Zip: HENDERSON NV 89014

Title            VC  
Name            PORTER, WILLIAM  
Address        1212 E. ANDY DEVINE AVE. #101  
City-State-Zip: KINGMAN AZ 86401

Title            SECRETARY  
Name            ABADIN, RAMON  
Address        9155 S. DADELAND BLVD.  
                 DADELAND CENTRE SUITE 1208  
City-State-Zip: MIAMI FL 33156

Title            C  
Name            WADHAMS, JAMES  
Address        C/O FENNEMORE, CRAIG, JONES,  
                 VARGAS  
                 B OF A BLDG, 300 S 4TH STREET  
                 SUITE 1400  
City-State-Zip: LAS VEGAS NV 89101

Title            ASST. TREASURER  
Name            STILES, TINA  
Address        1711 WHITNEY MESA DRIVE  
City-State-Zip: HENDERSON NV 89014

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*I hereby 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 all other like empowered.*

**SIGNATURE: TINA STILES****TREASURER****02/03/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name THOMAS, RICHARD  
Address 11584 GLOWING SUNSET  
City-State-Zip: LAS VEGAS NV 89135

Title DIRECTOR  
Name EKSTROM, WILLIAM JR.  
Address C/O MOHAVE COUNTY ATTORNEY OFFICE  
1516 S PALOMA BLANCA PL  
City-State-Zip: KINGMAN AZ 86401

Title DIRECTOR  
Name OKADA, MARY A.Y.  
Address PO BOX 3566  
City-State-Zip: HAGATNA GU 96932

Title DIRECTOR  
Name WALKER, EUGENE DR.  
Address 3230 DOSTER ROAD  
City-State-Zip: RUTLEDGE GA 30663

Title DIRECTOR  
Name COGGS, SENATOR SPENCER  
Address CITY HALL, ROOM 103  
200 EAST WELLS STREET  
City-State-Zip: MILWAUKEE WI 53202

Title DIRECTOR  
Name SZEGEDY-MASZAK, PETER  
Address 5050 MAC ARTHUR., NW  
City-State-Zip: WASHINGTON DC 20016

Title DIRECTOR  
Name RAMSAY, RICK  
Address MONROE COUNTY SHERIFF'S OFFICE  
5525 COLLEGE ROAD  
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR  
Name JEPPSEN, JOHN  
Address C/O GREENBERG TRAUIG, LLP  
3773 HOWARD HUGHES PKWY SUITE  
400 NORTH  
City-State-Zip: LAS VEGAS NV 89169

Title DIRECTOR  
Name STREAT, TOUSSAINT DR.  
Address C/O KAISER PERMANENTE  
2071 HERNDON  
City-State-Zip: CLOVIS CA 93611

Title DIRECTOR  
Name BAIRD, WILLIAM III  
Address PO BOX 351  
City-State-Zip: PIKEVILLE KY 41502

Title DIRECTOR  
Name YOUNGQUIST, DAVID  
Address 21 SOUTH LONG LAKE TRAIL  
City-State-Zip: NORTH OAKS MN 55127

Title DIRECTOR  
Name JOHNSON, RUSSELL  
Address DISTRICT AG, 9TH JUDICIAL  
DISTRICT  
City-State-Zip: KINGSTON TN 37763

Title DIRECTOR  
Name SWAIN, RUSSELL  
Address C/O GLB INSURANCE GROUP OF  
NEVADA  
4455 S. PECOS ROAD  
City-State-Zip: LAS VEGAS NV 89121