

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 701470

1. Entity Name
**WEST COAST ELECTRICAL WORKERS ASSOCIATION,
INC.**



Principal Place of Business
**5621 HARNEY ROAD
TAMPA, FL 33610**

Mailing Address
**5621 HARNEY ROAD
TAMPA, FL 33610**



02092007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0834274

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DEVER, WILLIAM L JR.
5621 HARNEY ROAD
TAMPA, FL 33610**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVER, WILLIAM L JR 2810 OLAVET COURT VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARROW, BRUCE J JR 625 GORNTON LAKE ROAD BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FROONJIAN, JAMES R 4109 E. 99TH AVENUE TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KING, RANDALL 4025 TANNER ROAD DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAMPBELL, LARRY 18524 HAVENWOOD ROAD SPRINGHILL, FL 34610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCKER, CLYDE H 4418 LEIGH ROAD PLANT CITY, FL 33565

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03/01/07-80030-009 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William L. Dever, Jr

2/13/07
Date

813-621-6451
Daytime Phone #