


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 04, 2008 8:00 am
Secretary of State


08-04-2008 90033 031 ****70.00

DOCUMENT # 762885	
1. Entity Name JUNIOR ACHIEVEMENT OF WEST CENTRAL FLORIDA, INC.	

Principal Place of Business 15201 ROOSEVELT BLVD SUITE 112 CLEARWATER, FL 33760	Mailing Address 15201 ROOSEVELT BLVD SUITE 112 CLEARWATER, FL 33760
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2. Principal Place of Business - No P.O. Box # 13805 58th St. N Suite, Apt. #, etc. Suite 2-140 City & State Clearwater, FL Zip 33760	3. Mailing Address 13805 58th St. N Suite, Apt. #, etc. Suite 2-140 City & State Clearwater, FL Zip 33760
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02062008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1098499	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GEORGE, RICHARD A. 15201 ROOSEVELT BLVD. 13805 58th St. N SUITE 112 Suite 2-140 CLEARWATER, FL 33760	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GEORGE, RICHARD 15201 ROOSEVELT BLVD. #112 CLEARWATER, FL 33760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13805 58th St. N - Suite 2-140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DELUCA, JOE 1000 N. ASHLEY DR TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IPC WILBANKS, DAVID 700 CENTRAL AVE, STE 300 SAINT PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Immediate Past Chair <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOSSBACHER, ROBERT 101 E KENNEDY BLVD TAMPA, FL 33630 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IPC TOMLIN, JOHN 1515 N WESTSHORE BLVD TAMPA, FL 33607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chair <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michael Robertson 700 Carillon Parkway St. Petersburg, FL 33716

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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 2/7/08 727 530-684x 27 Daytime Phone # 8/1/08