2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State
04-21-2004 90033 040 ****61.25

DOCUMENT # F00000007244

1. Entity Name
WESTCARE FOUNDATION, INC.

Principal Place of Business	Mailing Address
300 EAST CHARLESTON BLVD STE 201 LAS VEGAS, NV 89104	300 EAST CHARLESTON BLVD STE 201 LAS VEGAS, NV 89104

03192004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 46410 Suite, Apt. #, etc.
City & State	City & State: Las Vegas, NV
Zip / Country	Zip: 89114 / Country

4. FEI Number: 86-0852629 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WOLFE, RICHARD E
341 3RD STREET SOUTH
ST PETERSBURG, FL 33701

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 _____
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, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD STEINBERG, RICHARD 300 EAST CHARLESTON BLVD., STE 201 LAS VEGAS, NV 89104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CASSINGER, MARY 300 EAST CHARLESTON BLVD., STE 201 LAS VEGAS, NV 89104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KING, TEX 300 EAST CHARLESTON BLVD., STE 201 LAS VEGAS, NV 89104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T KING, TEX P.O. BOX 46410 LAS VEGAS, NV 89114	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KING, TEX 300 EAST CHARLESTON BLVD., STE 201 LAS VEGAS, NV 89104	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D - Assistant Secretary VENTRELLA, PETER P.O. BOX 46410 LAS VEGAS, NV 89114	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS, DICK 300 EAST CHARLESTON BLVD., STE 201 LAS VEGAS, NV 89104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SULLIVAN, WILLIAM 300 EAST CHARLESTON BLVD., STE 201 LAS VEGAS, NV 89104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 4/16/07 (702)385-2090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #