



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90306 011 ****61.25

DOCUMENT # F00000007244 1. Entity Name WESTCARE FOUNDATION, INC.					
Principal Place of Business 300 EAST CHARLESTON BLVD STE 201 LAS VEGAS, NV 89104			Mailing Address P.O. BOX 46410 LAS VEGAS, NV 89114		
2. Principal Place of Business 900 GRIER DRIVE Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 94738 Suite, Apt. #, etc.			
City & State LAS VEGAS NV Zip 89119		City & State LAS VEGAS NV Zip 89193		4. FEI Number 86-0852629	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD STEINBERG, RICHARD <input type="checkbox"/> Delete 300 EAST CHARLESTON BLVD., STE 201 LAS VEGAS, NV 89104		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD STEINBERG, RICHARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 900 GRIER DRIVE LAS VEGAS NV 89119	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASSINGER, MARY <input type="checkbox"/> Delete 300 EAST CHARLESTON BLVD., STE 201 LAS VEGAS, NV 89104		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASSINGER, MARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2950 S. INDUSTRIAL ROAD LAS VEGAS NV 89109	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KING, TEX <input type="checkbox"/> Delete P.O. BOX 46410 LAS VEGAS, NV 89114		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KING, TEX <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 404 LEIGHANN ROAD HENDERSON NV 89015	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS VENTRELLA, PETER <input type="checkbox"/> Delete P.O. BOX 46410 LAS VEGAS, NV 89114		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS VENTRELLA, PETER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 900 GRIER DRIVE LAS VEGAS NV 89119	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, DICK <input type="checkbox"/> Delete 300 EAST CHARLESTON BLVD., STE 201 LAS VEGAS, NV 89104		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, DICK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11584 GLOWING SUNSET LAS VEGAS NV 89135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, WILLIAM <input type="checkbox"/> Delete 300 EAST CHARLESTON BLVD., STE 201 LAS VEGAS, NV 89104		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, WILLIAM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7820 RAMBLEWOOD AVE LAS VEGAS NV 89128	
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: 			PETER VENTRELLA		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
<small>Daytime Phone #</small>			(702) 385-2090		