

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004986

Entity Name: WEST FAMILY FOUNDATION, INC.

FILED
Apr 27, 2004
Secretary of State

Current Principal Place of Business:

16408 MILLAN DE AVILA
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

16408 MILLAN DE AVILA
TAMPA, FL 33613

New Mailing Address:

FEI Number: 59-3662364

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEST, MICHEAL
16408 MILLAN DE AVILA
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: WEST, MICHEAL K
Address: 16408 MILLAN DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: WEST, JOHN B
Address: 16408 MILLAN DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: DEFLURI, RICHARD F
Address: 270 WALKER DRIVE
City-St-Zip: STATE COLLEGE, PA 16804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MICHEAL WEST

PRES

04/27/2004

Electronic Signature of Signing Officer or Director

Date