

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004992

FILED  
Feb 04, 2009  
Secretary of State

Entity Name: WEST COAST ANGLERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5213 97TH WAY N.  
SAINT PETERSBURG, FL 33708

**New Principal Place of Business:**

6002 1/2 72ND AVE  
PINELLAS PARK, FL 33781

**Current Mailing Address:**

5213 97TH WAY N.  
SAINT PETERSBURG, FL 33708

**New Mailing Address:**

P.O. BOX 7792  
SEMINOLE, FL 33775

FEI Number: 59-3681811

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BECKETT, RODNEY  
4052 83RD ST. N.  
SAINT PETERSBURG, FL 33709 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: PD ( ) Delete  
Name: BECKETT, RODNEY  
Address: 4052 83RD ST. N.  
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: DV ( ) Delete  
Name: HERRINGTON, EDDIE  
Address: 324 THRASHER ROAD  
City-St-Zip: PLANT CITY, FL 33566

Title: DT ( ) Delete  
Name: MCCOY, BILL  
Address: 12100 SEMINOLE BLVD. LOT 145  
City-St-Zip: LARGO, FL 33778

Title: SD ( ) Delete  
Name: NELSON, PAUL  
Address: 5213 97TH WAY N.  
City-St-Zip: ST. PETERSBURG, FL 33708

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DV (X) Change ( ) Addition  
Name: JOHNSON, GARY  
Address: 12651 SEMINOLE, UNIT #1  
City-St-Zip: LARGO, FL 33778

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

Title: DS (X) Change ( ) Addition  
Name: SHORT, CHRISTY  
Address: 6002 1/2 72ND AVE  
City-St-Zip: PINELLAS PARK, FL 33781

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CHRISTY SHORT

DS

02/04/2009

Electronic Signature of Signing Officer or Director

Date