

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004999

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** WESTCOAST SCHOOL FOR HUMAN DEVELOPMENT FOUNDATION, INC.

**Current Principal Place of Business:**

403 N. WASHINGTON BLVD.  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4321  
SARASOTA, FL 342304321

**New Mailing Address:**

**FEI Number:** 65-1054853

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HICKS, SAMUEL  
403 N. WASHINGTON BLVD.  
SARASOTA, FL 34236 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: D ( ) Delete  
Name: PORTER, HENRY L  
Address: 403 N. WASHINGTON BLVD.  
City-St-Zip: SARASOTA, FL 34236

Title: D ( ) Delete  
Name: PITTS, BESSIE R  
Address: 2626 WOOD STREET  
City-St-Zip: SARASOTA, FL 34236

Title: D ( ) Delete  
Name: HENDON, MARVIN K PH.D  
Address: 10519 CHEVAL PLACE  
City-St-Zip: BRADENTON, FL 34202

Title: D ( ) Delete  
Name: HICKS, SAMUEL  
Address: 5589 FORESTER LAKE DR.  
City-St-Zip: SARASOTA, FL 34243

**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:

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

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: MARVIN K. HENDON

D

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date