

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007957

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** WESTCOAST SCHOOL FOR HUMAN DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

5258 NW 186TH LANE  
MIAMI GARDENS, FL 33055

**New Principal Place of Business:**

**Current Mailing Address:**

5258 NW 186TH LANE  
MIAMI GARDENS, FL 33055

**New Mailing Address:**

**FEI Number:** 65-1064559

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

VICKERS, WARNELL  
5258 NW 186TH LANE  
MIAMI GARDENS, FL 33055 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: VICKERS, WARNELL  
Address: 5258 NW 186TH LANE  
City-St-Zip: MIAMI GARDENS, FL 33055

Title: VPD ( ) Delete  
Name: KNIGHTON, LYDIA  
Address: 3500 NW 25TH STREET  
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: SD ( ) Delete  
Name: HARRIS, JANICE  
Address: 20325 NE 12TH AVENUE  
City-St-Zip: MIAMI, FL 33179

Title: TD ( ) Delete  
Name: VICKERS, ROBIN  
Address: 5258 NW 186TH LANE  
City-St-Zip: OPA LOCKA, FL 33055

Title: D ( ) Delete  
Name: KING, VERONICA  
Address: 20325 NE 12TH AVENUE  
City-St-Zip: MIAMI, FL 33179

Title: D ( ) Delete  
Name: JOHNSON, LOUISE  
Address: 5414 SW 19TH STREET  
City-St-Zip: HOLLYWOOD, FL 33023

**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:

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: WARNELL VICKERS

PD

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date