

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008282

FILED  
Jan 05, 2009  
Secretary of State

Entity Name: WEST CENTRAL FLORIDA GROUP, INC.

## Current Principal Place of Business:

31860 TAYLOR GRADE ROAD  
DUETTE, FL 338346862

## New Principal Place of Business:

31860 TAYLOR GRADE ROAD  
DUETTE, FL 342196862 US

## Current Mailing Address:

31860 TAYLOR GRADE ROAD  
DUETTE, FL 338346862

## New Mailing Address:

31860 TAYLOR GRADE ROAD  
DUETTE, FL 342196862 US

FEI Number: 65-1061382

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PICKERING, ALAN J  
31860 TAYLOR GRADE ROAD  
DUETTE, FL 338346862 US

## Name and Address of New Registered Agent:

PICKERING, ALAN J  
31860 TAYLOR GRADE ROAD  
DUETTE, FL 342196862 US

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:

01/05/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: ALLEN, EDWIN P III  
Address: 821 NORTH POMPANO AVENUE  
City-St-Zip: SARASOTA, FL 34237

Title: SD ( ) Delete  
Name: KNUPKE, PAUL E  
Address: 11931 92ND WAY NORTH  
City-St-Zip: LARGO, FL 33773

Title: DT ( ) Delete  
Name: PICKERING, ALAN  
Address: 31860 TAYLOR GRADE RD.  
City-St-Zip: DUETTE, FL 33834

Title: D ( ) Delete  
Name: ANDERSON, DAVE  
Address: 6644 ROWAN RD  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: PD ( ) Delete  
Name: FLEEMAN, SEAN  
Address: 6644 ROWAN RD  
City-St-Zip: NEW PORT RICHEY, FL 34653

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change ( ) Addition  
Name: PICKERING, ALAN J  
Address: 31860 TAYLOR GRADE RD.  
City-St-Zip: DUETTE, FL 342196862

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: ALAN PICKERING

TRES

01/05/2009

Electronic Signature of Signing Officer or Director

Date