



**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000001936</b>		
1. Entity Name THE WESTGATE/SNOEZELEN FOUNDATION, INC.		
Principal Place of Business 23 SOUTH "A" STREET PENSACOLA, FL 32574	Mailing Address P.O. BOX 12603 PENSACOLA, FL 32574-2603	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  GREENHUT, DUDLEY H 23 SOUTH "A" STREET PENSACOLA, FL 32574		<b>DO NOT WRITE IN THIS SPACE</b>
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>(NOTE: Registered Agent signature required when reissuing)</small> <small>DATE</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000222609 02/10/05-80009-004 61.25
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GREENHUT, DUDLEY H 23 SOUTH "A" STREET PENSACOLA, FL 32574	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLLIER, LACEY A 3885 DURANGO STREET PENSACOLA, FL 32504	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DENMON, JOSEPH 10050 ASHTON BROSNAM ROAD PENSACOLA, FL 32534	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERRY, SUZANNE 10050 ASHTON BROSNAM ROAD PENSACOLA, FL 32534	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/7/05 8504375421 <small>Date Daytime Phone #</small>