

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N02000000808

1. Entity Name  
WEST COAST COMMUNITY CHURCH, INC.



Principal Place of Business  
4060 WEBBER STREET  
SARASOTA, FL 34232

Mailing Address  
4060 WEBBER STREET  
SARASOTA, FL 34232



04262006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
01-0594589

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

O'HARA, KEVIN J  
4060 WEBBER STREET  
SARASOTA, FL 34232

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution, ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD	
NAME	O'HARA, KEVIN J	
STREET ADDRESS	4060 WEBBER STREET	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	VPD	
NAME	OCKMAN, JAY	
STREET ADDRESS	4952 25TH STREET #104	
CITY-ST-ZIP	BRADENTON, FL 34207	
TITLE	T	
NAME	MYERS, SHARON	
STREET ADDRESS	557 CRANE PRAIRIE WAY	
CITY-ST-ZIP	OSPREY, FL 34229	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000550056  
05/13/06-80046-007 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/06 941-923-1029