

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007207

FILED  
Jul 03, 2008  
Secretary of State

**Entity Name:** FOUNDATION FOR WESTSIDE TECH, INC.

**Current Principal Place of Business:**

955 EAST STORY ROAD  
WINTER GARDEN, FL 347873798 US

**New Principal Place of Business:**

**Current Mailing Address:**

955 EAST STORY ROAD  
WINTER GARDEN, FL 347873798 US

**New Mailing Address:**

**FEI Number:** 30-0095524      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

BRANN, ADELINA M MRS.  
955 EAST STORY ROAD  
WINTER GARDEN, FL 34787 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SCROGGINS, ROGER MR.  
Address: 224 9TH AVENUE  
City-St-Zip: WINDERMERE, FL 34786

Title: D ( ) Delete  
Name: JENKINS, ANDREW MR.  
Address: 955 EAST STORY ROAD  
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: SD ( ) Delete  
Name: NEWMAN, JODY MRS  
Address: 955 EAST STORY ROAD  
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: D ( ) Delete  
Name: BAKER, JERRY MR  
Address: 955 EAST STORY ROAD  
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: D ( ) Delete  
Name: SWICKERATH, MARY A MRS  
Address: 720 S DILLARD AVENUE  
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: D ( ) Delete  
Name: WEIDENHAMER, SHELLY MRS  
Address: 251 WEST PLANT STREET  
City-St-Zip: WINTER GARDEN, FL 34787 US

**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:

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: ADELINA BRANN

MRS

07/03/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date