

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 15, 2009  
Secretary of State**

DOCUMENT# N02000009825

Entity Name: WEST PASCO INDUSTRIAL PARK MERCHANTS ASSOCIATION III, INC.

**Current Principal Place of Business:**

2210 DESTINY WAY #1  
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

2210 DESTINY WAY #1  
ODESSA, FL 33556

**New Mailing Address:**

FEI Number: 51-0458510      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WEATHERFORD, WILLIAM S  
2210 DESTINY WAY  
ODESSA, FL 33556      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: TO      ( ) Delete  
Name: GIALLOURKIS, MICHAEL  
Address: 2210 DESTINY WAY  
City-St-Zip: ODESSA, FL 33556

Title: STD      ( ) Delete  
Name: VANDENLANGENBERGH, DEBORAH  
Address: 2210 DESTINY WAY  
City-St-Zip: ODESSA, FL 33556

Title: VP      ( ) Delete  
Name: WEATHERFIELD, WILLIAM  
Address: 2210 DESTINY WAY  
City-St-Zip: ODESSA, FL 33556

**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:

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: WILLIAM S WEATHERFORD

VP

04/15/2009

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

\_\_\_\_\_  
Date