

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006896

FILED  
Apr 26, 2005  
Secretary of State

**Entity Name:** VOCATIONAL PERSPECTIVE OF THE WESTCOAST INCORPORATED

**Current Principal Place of Business:**

332 COCOANUT AVENUE  
SARASOTA, FL 34236 US

**New Principal Place of Business:**

1548 HARBOR PLACE  
SARASOTA, FL 34239 US

**Current Mailing Address:**

332 COCOANUT AVENUE  
SARASOTA, FL 34236 US

**New Mailing Address:**

PO BOX 2366  
SARASOTA, FL 34230 US

FEI Number: 20-0140115

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAMPBELL, AMY E  
332 COCOANUT AVENUE  
SARASOTA, FL 34236 US

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

CAMPBELL, AMY E  
1548 HARBOR PLACE  
SARASOTA, FL 34239 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: AMY E. CAMPBELL

04/26/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CAMPBELL, AMY E  
Address: 332 COCOANUT AVENUE  
City-St-Zip: SARASOTA, FL 34236 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CAMPBELL, AMY E  
Address: 1548 HARBOR PLACE  
City-St-Zip: SARASOTA, FL 34239 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: AMY CAMPBELL

PRES

04/26/2005

Electronic Signature of Signing Officer or Director

Date