

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006896

FILED  
Apr 19, 2006  
Secretary of State

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

**Current Principal Place of Business:**

1548 HARBOR PLACE  
SARASOTA, FL 34239 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2366  
SARASOTA, FL 34230 US

**New Mailing Address:**

**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  
1548 HARBOR PLACE  
SARASOTA, FL 34239 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: P ( ) Delete  
Name: CAMPBELL, AMY E  
Address: 1548 HARBOR PLACE  
City-St-Zip: SARASOTA, FL 34239 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DR ( ) Change (X) Addition  
Name: DANIELS, FLORINE CHAIRPE  
Address: PO BOX 2366  
City-St-Zip: SARASOTA, FL 34230 US

I hereby certify that the information supplied with this filing does not qualify for the 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: AMY CAMPBELL

PRES

04/19/2006

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

\_\_\_\_\_  
Date