

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90022 007 ****61.25

DOCUMENT # N04000003088					
1. Entity Name WESTCHASE ELEMENTARY SCHOOL DAD'S CLUB, INC.					
Principal Place of Business 777 SOUTH HARBOUR ISLAND BLVD. ONE HARBOUR PLACE, STE. 300 TAMPA, FL 33602			Mailing Address 777 SOUTH HARBOUR ISLAND BLVD. ONE HARBOUR PLACE, STE. 300 TAMPA, FL 33602		
2. Principal Place of Business 7720 Jodi Lynn Dr Suite, Apt. #, etc.		3. Mailing Address 7720 Jodi Lynn Dr Suite, Apt. #, etc.			
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 20-2354480	
Zip 33615		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, DAVID S ESQ. 100 NORTH TAMPA ST., STE. 2900 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name: <u>Randall Bascom</u> Street Address (P.O. Box Number is Not Acceptable): <u>7720 Jodi Lynn Dr</u> City: <u>Tampa</u> <u>FL</u> <u>33615</u>		
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 <u>Randall Bascom</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>1/19/06</u>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME SILVERS, STEVEN STREET ADDRESS 10402 GREENHEDGES DR. CITY-ST-ZIP TAMPA, FL 33626	<input checked="" type="checkbox"/> Delete		TITLE President NAME Randall Bascom STREET ADDRESS 7720 Jodi Lynn Dr CITY-ST-ZIP Tampa, FL 33615	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME KROMER, JOHN STREET ADDRESS 10317 GREEN LINKS DR. CITY-ST-ZIP TAMPA, FL 33626	<input checked="" type="checkbox"/> Delete		TITLE Vice President NAME Steve Brunk STREET ADDRESS 10505 Chambers Dr. CITY-ST-ZIP Tampa, FL 33626	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME PLANETA, CHRIS STREET ADDRESS 1006 NEW PARKE RD. CITY-ST-ZIP TAMPA, FL 33626	<input checked="" type="checkbox"/> Delete		TITLE Director NAME Ahmed Bhutta STREET ADDRESS 9858 Gingerwood Drive CITY-ST-ZIP Tampa, FL 33626	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME ABBOTT, TONY STREET ADDRESS 10514 BRENTFORD DR. CITY-ST-ZIP TAMPA, FL 33626	<input checked="" type="checkbox"/> Delete		TITLE John Eric Salie NAME John Eric Salie STREET ADDRESS 10251 Woodford Bridge St. CITY-ST-ZIP Tampa, FL 33626	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME KRUPINSKI, GARY STREET ADDRESS 10317 GREENHEDGES DR. CITY-ST-ZIP TAMPA, FL 33626	<input checked="" type="checkbox"/> Delete		TITLE Director NAME Ralph Caputo STREET ADDRESS 10318 Abbotstford Dr. CITY-ST-ZIP Tampa, FL 33626	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Randall Bascom</u> Randall Bascom <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>1/19/06</u> 813-294-9496 <small>Date Daytime Phone #</small>	