

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005054

FILED
Apr 15, 2009
Secretary of State

Entity Name: WEST COAST MINORITY CONTRACTORS ASSOCIATION, INC.

Current Principal Place of Business:

1751 DR MARTIN LUTHER KING JR. WAY
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

1751 DR MARTIN LUTHER KING JR. WAY
SARASOTA, FL 34234

New Mailing Address:

FEI Number: 54-2151299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GREATER NEWTOWN COMMUNITY REDEVELOPMENT CO
1751 DR MARTIN LUTHER KING JR. WAY
SARASOTA, FL 34234 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: GRIMES, JETSON
Address: 2741 N. OSPREY AVENUE
City-St-Zip: SARASOTA, FL 34234

Title: V () Delete
Name: MARSH, HENRY
Address: 1102 SOUTHERN PINE LN
City-St-Zip: SARASOTA, FL 34243

Title: T () Delete
Name: JACKSON, HAROLD
Address: 6926 STETSON ST CIR
City-St-Zip: SARASOTA, FL 34243

Title: S () Delete
Name: CHE BARNETT, W.L.
Address: 1751 DR MARTIN LUTHER KING JR. WAY
City-St-Zip: SARASOTA, FL 34234

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:

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: JETSON GRIMES

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date