

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 15, 2006 8:00 am
Secretary of State

05-09-2006 90093 010 ****61.25

DOCUMENT # N05000012816 1. Entity Name WEST ATLANTIC TASK TEAM, INC.					
Principal Place of Business 20 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444			Mailing Address 20 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		05012006 Chg-NP CR2E037 (4/06)	
City & State		City & State		4. FEI Number 165-0863751	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAY, JOE 20 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 DATE					
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <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 NAME STREET ADDRESS CITY-ST-ZIP	P EVELYN, DOBSON 20 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAROLYN, GHOLSTON 20 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUNNY, ELROD 20 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAM, WILLIAMS 20 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: EVELYN J. DOBSON 4/28/2006 561-276-8640					

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