

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007576

FILED  
Mar 07, 2009  
Secretary of State

Entity Name: WEST COAST RIP TIDE ACADEMY, INC

**Current Principal Place of Business:**

8446 BURWELL CIRCLE  
PORT CHARLOTTE, FL 33981

**New Principal Place of Business:**

**Current Mailing Address:**

8446 BURWELL CIRCLE  
PORT CHARLOTTE, FL 33981

**New Mailing Address:**

FEI Number: 20-5226516

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BEDFORD, PAUL A MR  
8446 BURWELL CIRCLE  
PORT CHARLOTTE, FL 33981 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: BEDFORD, PAUL A MR  
Address: 8446 BURWELL CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: VP ( ) Delete  
Name: WISKOWSKI, LEE MR  
Address: 154 MEDALLIST RD  
City-St-Zip: ROTONDA WEST, FL 33947

Title: T ( ) Delete  
Name: KUNKLE, TOM MR  
Address: 10361 GRAND JUNCTION STREET  
City-St-Zip: PORT CHARTLOTTE, FL 33981

Title: D ( ) Delete  
Name: HARRADINE, TIM MR  
Address: 10508 GREENWAY AVE  
City-St-Zip: ENGLEWOOD, FL 34224

**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: D (X) Change ( ) Addition  
Name: REYNOLDS, GRANT MR  
Address: 8222 HARBOR SIDE CIRCLE  
City-St-Zip: ENGLEWOOD, FL 34224

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: PAUL A BEDFORD

P

03/07/2009

Electronic Signature of Signing Officer or Director

Date