

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008604

FILED
Jan 14, 2008
Secretary of State

Entity Name: WEST COAST AIDS FOUNDATION, INC.

Current Principal Place of Business:

1840 MEASE DRIVE
SUITE 319
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

1840 MEASE DRIVE
SUITE 319
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 26-1113931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, GARY ESQUIRE
202 S. ROME AVENUE
SUITE 100
TAMPA, FL 33606 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: PRES () Delete
Name: LAARTZ, BRENT W
Address: 16747 NIKKI LANE
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: BRENT W. LAARTZ, MD

PRES

01/14/2008

Electronic Signature of Signing Officer or Director

Date