

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008604

FILED
Apr 10, 2012
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:

DIANA, PFEUFFER K
1840 MEASE DRIVE
STE 319
SAFETY HARBOR, FL 34695 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
Name: LAARTZ, BRENT W
Address: 1840 MEASE DRIVE, STE 319
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: VP
Name: GROOM, TODD M
Address: 1840 MEASE DRIVE, STE 319
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: S
Name: PHILLIPS, MICHAEL C
Address: 1840 MEASE DRIVE, STE 319
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: ED
Name: PFEUFFER, DIANA K
Address: 1840 MEASE DRIVE, STE 319
City-St-Zip: SAFETY HARBOR, FL 34695 US

I hereby 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 all other like empowered.

SIGNATURE: DIANA PFEUFFER

ED

04/10/2012

Electronic Signature of Signing Officer or Director

Date