

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008898

FILED  
Mar 03, 2009  
Secretary of State

Entity Name: WEST GATE PARENT GROUP, INC.

**Current Principal Place of Business:**

3691 OSWEGO AVENUE  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

3691 OSWEGO AVENUE  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

FEI Number: 51-0649349

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHARP, DIANE  
835 43RD STREET  
WEST PALM BEACH, FL 33407 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: C ( ) Delete  
Name: MONRROY, ADRIANA  
Address: 4987 SABLE PINE CIRCLE #B2  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: C ( ) Delete  
Name: SIMMONS, YOLANDA  
Address: 1169 GOLDENLAKES BLVD  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: T ( ) Delete  
Name: BUREY, CARLA  
Address: 2324 SCHELL CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 32417

Title: T ( ) Delete  
Name: SANCHEZ, NYDIA  
Address: 1531 DREXEL RD LOT 72  
City-St-Zip: WEST PALM BEACH, FL 33417

**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: DIANE SHARP

R.A.

03/03/2009

Electronic Signature of Signing Officer or Director

Date