

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004256

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** WESTCOAST CENTER FOR HUMAN DEVELOPMENT CLEARWATER, INC.

**Current Principal Place of Business:**

1841 N HIGHLAND AVE SUITE 6  
CLEARWATER, FL 33755

**New Principal Place of Business:**

1100 NORTH MARTIN LUTHER KING JR. AVENUE  
CLEARWATER, FL 33755

**Current Mailing Address:**

1841 N HIGHLAND AVE SUITE 6  
CLEARWATER, FL 33755

**New Mailing Address:**

P. O. BOX 5958  
CLEARWATER, FL 33758 US

**FEI Number:** 06-1788625 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

HOLMES, PHYLLIS  
905 NORMANDY RD  
CLEARWATER, FL 33764 US

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

HOLMES, PHYLLIS A VST  
905 NORMANDY RD  
CLEARWATER, FL 33764 US

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: PYLIIS HOLMES, VST

05/01/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: CHESTER, RAY  
Address: 4736 SEVILLE DR  
City-St-Zip: SARASOTA, FL 34235

Title: VST ( ) Delete  
Name: HOLMES, PHYLLIS  
Address: 905 NORMANDY RD  
City-St-Zip: CLEARWATER, FL

Title: DT ( ) Delete  
Name: BROWN, REGINA  
Address: 3832 27TH PARKWAY  
City-St-Zip: SARASOTA, FL

Title: DT ( ) Delete  
Name: BUTLER, TOMMIE  
Address: 2939 GOODRICH AVE  
City-St-Zip: SARASOTA, FL

Title: DT ( ) Delete  
Name: DODGE, JANET  
Address: 2139 HARLEY AVE  
City-St-Zip: SARASOTA, FL

Title: D ( ) Delete  
Name: CAMPBELL, LEON  
Address: 3526 PRRADO DR  
City-St-Zip: SARASOTA, FL

**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:

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: PHYLLIS HOLMES

VST

05/01/2009

Electronic Signature of Signing Officer or Director

Date