2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2012
Secretary of State

DOCUMENT# N08000004256

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 5958
CLEARWATER, FL 33758 US

New Mailing Address:

FEI Number: 06-1788625 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHESTER, PHYLLIS A VST
905 NORMANDY RD
CLEARWATER, FL 33764 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: PT
Name: CHESTER, RAY
Address: 905 NORMANDY ROAD
City-St-Zip: CLEARWATER, FL 33764

Title: VST
Name: CHESTER, PHYLLIS A
Address: 905 NORMANDY RD
City-St-Zip: CLEARWATER, FL 33764

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

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

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

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

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: PHYLLIS CHESTER VST 05/02/2012

Electronic Signature of Signing Officer or Director Date