

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009911

FILED  
Mar 02, 2009  
Secretary of State

Entity Name: JIM WEST PROSTATE CANCER FOUNDATION,INC.

## Current Principal Place of Business:

1923 DR. M.L. KING JR. STREET SOUTH  
ST PETERSBURG, FL 33705

## New Principal Place of Business:

## Current Mailing Address:

1923 DR. M.L. KING JR. STREET SOUTH  
ST PETERSBURG, FL 33705

## New Mailing Address:

PO. BOX 35141  
ST PETERSBURG, FL 33705

FEI Number: 26-4365419

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WEST, JAMES  
1923 DR. M.L. KING JR. STREET SOUTH  
ST PETERSBURG, FL 33705 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: D ( ) Delete  
Name: MASON, NICK PHD  
Address: 1835 INDIAN ROCKS RD  
City-St-Zip: LARGO, FL 33744

Title: D ( ) Delete  
Name: MONTSHO, R. ALI  
Address: 5210 3RD AVE SOUTH  
City-St-Zip: ST PETERSBURG, FL 33705

Title: D ( ) Delete  
Name: WEST, JAMES  
Address: 1923 DR. M.L. KING JR. STREET SOUTH  
City-St-Zip: ST PETERSBURG, FL 33705

Title: D ( ) Delete  
Name: GARMAN, SHARON C  
Address: 10600 4TH ST NORTH APT #402  
City-St-Zip: ST PETERSBURG, FL 33716

Title: D ( ) Delete  
Name: WATSON, TERRY R  
Address: 718 SOUTH WILLOW AVE  
City-St-Zip: TAMPA, FL 33606

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MONTSHO, RASHID A  
Address: 5210 3RD AVE SOUTH  
City-St-Zip: ST PETERSBURG, FL 33705

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MICHAEL, CALAMARI P  
Address: 6133 SEVENTH AVE. SOUTH  
City-St-Zip: GULFPORT, FL 33707

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: CLENDENING, LEAH  
Address: 799 PINELLAS POINT DRIVE SOUTH  
City-St-Zip: ST.PETERSBURG, FL 33705

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: JAMES WEST

D

03/02/2009

Electronic Signature of Signing Officer or Director

Date