

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28939

FILED
Mar 07, 2009
Secretary of State

Entity Name: FLORIDA WEST COAST REGION AACA, INC.

Current Principal Place of Business:

14968 IMPERIAL PT DR N
LARGO, FL 33774 US

New Principal Place of Business:

Current Mailing Address:

14968 IMPERIAL PT DR N
LARGO, FL 33774 US

New Mailing Address:

FEI Number: 59-2682346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACKARD, LOIS
14968 IMPERIAL PT DR N
LARGO, FL 33774 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 () Delete
Name: BEVILLE, CHARLES
Address: 2955 UNION ST
City-St-Zip: CLEARWATER, FL 33759

Title: VP () Delete
Name: GOLDFOOT, ARNOLD
Address: 474 40TH AVE N
City-St-Zip: ST. PETERSBURG, FL 33703

Title: S/T () Delete
Name: BLACKARD, LOIS
Address: 14968 IMPERIAL PT DR N
City-St-Zip: LARGO, FL 33774

Title: D () Delete
Name: WHISSEL, PATRICIA
Address: 3535 EAST LINKS COURT
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: AMOS, WILLIAM
Address: 9960 54TH ST N
City-St-Zip: PINELLAS PARK, FL 33782

Title: D () Delete
Name: KRIEGER, ARTHUR
Address: 30 TURNER ST
City-St-Zip: CLEARWATER, FL 33765

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: D (X) Change () Addition
Name: SLATE, JARROD
Address: 6897 80TH AVE N.
City-St-Zip: PINELLAS PARK, FL 33781

Title: D (X) Change () Addition
Name: AMOS, ANNE
Address: 9960 54TH ST N
City-St-Zip: PINELLAS PARK, FL 33782

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: LOIS BLACKARD

S/T

03/07/2009

Electronic Signature of Signing Officer or Director

Date