

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90133 018 ****61.25

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DOCUMENT # N28939

1. Entity Name

FLORIDA WEST COAST REGION AACA, INC.



Principal Place of Business

**428 E. ORANGE ST.
TARPON SPRINGS FL 34689
US**

Mailing Address

**428 E. ORANGE ST.
TARPON SPRINGS FL 34689
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2682346**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAILEY, CHRISTOPHER T
428 E. ORANGE ST.
TARPON SPRINGS FL 34689**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME **VP**
HOUFF, JIM
STREET ADDRESS **10023 109TH ST. N**
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **SS**
HOUFF, JIM
STREET ADDRESS **10023 109TH ST..N**
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **T**
WHISSEL, RICK
STREET ADDRESS **655 RIVIERE RD.**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE Change Addition
NAME **WHISSEL RICK**
STREET ADDRESS **677 RIVIERE RD.**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE Delete
NAME **P**
BAILEY, CHRIS
STREET ADDRESS **428 E ORANGE ST**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D**
GOLDEN, JERRY
STREET ADDRESS **835 4TH AVE. NW**
CITY-ST-ZIP **LARGO FL 33770**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D**
SNYDER, CHARLES
STREET ADDRESS **1847 SHORE DR. S. APT. 218**
CITY-ST-ZIP **S. PASADENA FL 33707**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WHISSEL 7-14-03 727 781774

CR2E037 (4/03)