## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N30271

FILED Apr 26, 2008 Secretary of State

Entity Name: WEST FLORIDA HOME EDUCATION SUPPORT LEAGUE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

6820 DEVONSHIRE CIR PENSACOLA, FL 32506

**Current Mailing Address: New Mailing Address:** 

PO BOX 11720 PENSACOLA, FL 32524

FEI Number: 59-3009995 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

BROWN, COLBY 6820 DEVONSHIRE CIR US PENSACOLA, FL 32506

**OFFICERS AND DIRECTORS:** 

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:

Date

Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

BROWN, COLBY BROWN, COLBY Name: Name: 6820 DEVONSHIRE CIR Address: 6820 DEVONSHIRE CIR Address: City-St-Zip: PENSACOLA, FL 32506 City-St-Zip: PENSACOLA, FL 32506

Title: VTD () Delete Title: (X) Change ( ) Addition GRUBB, BOBETTE Name: GRUBB, BOBETTE Name:

Address: 2712 ASHBURY LN Address: 2712 ASHBURY LN City-St-Zip: CANTONMENT, FL 32533 City-St-Zip: CANTONMENT, FL 32533

Title: () Delete Title: (X) Change ( ) Addition TIMBROOK, NANCY RODGERS, CHRISTINE Name: Name:

3020 SKYCREST DR Address: Address: 6840 FRANK REEDER ROAD City-St-Zip: PENSACOLA, FL 32514 City-St-Zip: PENSACOLA, FL 32526

Title: ( ) Delete Title: (X) Change ( ) Addition Name: ROGERS, JACQUELINE Name: KADERLY, MELISSA

Address: 1420 RIDGE WAY Address: P.O. BOX 69 City-St-Zip: CANTONMENT, FL 32533 City-St-Zip: MOLINO, FL 32577

Title: () Delete Title: ( ) Change (X) Addition

STEMEN, MERRICK Name: Name: 3307 TWO SISTERS WAY Address: Address: City-St-Zip: City-St-Zip: PENSACOLA, FL 32505

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: BOBETTE M. GRUBB TD 04/26/2008