

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90001 024 \*\*\*\*61.25

**DOCUMENT # N32524**

1. Entity Name  
**WEST PASCO INDUSTRIAL PARK MERCHANTS  
ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
% RICHARD W. BAKER % RICHARD W. BAKER  
2535 SUCCESS DRIVE 2535 SUCCESS DRIVE  
ODESSA, FL 33556 ODESSA, FL 33556

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
**2210 Destiny Way #1** **2210 Destiny Way #1**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Odessa FL** **Odessa FL**

Zip Country Zip Country  
**33556 USA** **33556 USA**

6. Name and Address of Current Registered Agent  
**BAKER, RICHARD W.**  
**2535 SUCCESS DRIVE**  
**ODESSA, FL 33556**

**40030203**



01052007 Chg-NP CR2E037 (12/06)

4. FEI Number Applied For  
**59-2890872** Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
Name **William S. Weatherford**  
Street Address (P.O. Box Number is Not Acceptable) **2210 Destiny Way**  
City **Odessa** FL Zip Code **33556**

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 **William S Weatherford** DATE **3/2/07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007 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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>WEATHERFORD, WILLIAM S<br>2535 SUCCESS DR.<br>ODESSA, FL 33556 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VD<br>THORP, BETTY<br>2535 SUCCESS DRIVE<br>ODESSA, FL 33556 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | STD<br>HADEN, SIMON<br>2535 SUCCESS DRIVE<br>ODESSA, FL 33556 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **William S Weatherford** Date Daytime Phone #