2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32524

FILED Apr 15, 2009 Secretary of State

Entity Name: WEST PASCO INDUSTRIAL PARK MERCHANTS ASSOCIATION, INC.

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

2210 DENSTINY WAY # 1 2210 DESTINY WAY # 1 ODESSA, FL 33556 ODESSA, FL 33556

Current Mailing Address: New Mailing Address:

2210 DENSTINY WAY # 1 2210 DESTINY WAY # 1 ODESSA, FL 33556 ODESSA, FL 33556

FEI Number: 59-2890872 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WEATHERFORD, WILLIAM S
2210 DENSTINY WAY
ODESSA, FL 33556 US
WEATHERFORD, WILLIAM S
2210 DESTINY WAY
ODESSA, FL 33556 US
ODESSA, FL 33556 US

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: 04/15/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 WEATHERFORD, WILLIAM S
 Name:
 WEATHERFORD, WILLIAM S

 Address:
 2535 SUCCESS DR.
 Address:
 2210 DESTINY WAY STE 1

 City-St-Zip:
 ODESSA, FL 33556
 ODESSA, FL 33556

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

Name: THORP, BETTY Name: THORP, BETTY
Address: 2535 SUCCESS DRIVE Address: 2210 DESTINY WAY:

 Address:
 2535 SUCCESS DRIVE
 Address:
 2210 DESTINY WAY STE1

 City-St-Zip:
 ODESSAY, FL 33556
 City-St-Zip:
 ODESSAY, FL 33556

Title: () Delete Title: (X) Change () Addition GIALLOURAKIS, MICHAEL L Name: GIALLOURAKIS, MICHAEL L Name: 2535 SUCCESS DRIVE 2210 DESTINY WAY STE 1 Address: Address: City-St-Zip: ODESSA, FL 33556 City-St-Zip: ODESSA, FL 33556

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: WILLIAM S WEATHERFORD PD 04/15/2009