FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR -1 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36085 (1)

1. Corporation Name
THE FLORIDA WEST COAST CHAPTER, INC.

Principal Place of Business	Mailing Address
4421 8TH AVE. N. P.O. BOX 22951 ST. PETERSBURG FL 33742	4421 8TH AVE. N. P.O. BOX 22951 ST. PETERSBURG FL 33742

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/12/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2796111 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CORNELIUS, MAX W.
4421 8TH AVE. N.
ST. PETERSBURG FL 33713

10. Name and Address of New Registered Agent

81 Name: RAY A. KOZLOWSKI
82 Street Address (P.O. Box Number Is Not Acceptable): 6006 SEM. BLVD.
83
84 City: SEMINOLE FL 85 Zip Code: 34642

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: RAY A. KOZLOWSKI — Signature, typed or printed name of registered agent and title if applicable.
Ray A. Kozlowski — (NOTE: Registered Agent signature required when reinstating)
DATE: 2-5-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME	CLAYTON, JAY M		
STREET ADDRESS	8417 79TH AVENUE NORTH		
CITY-ST-ZIP	SEMINOLE FL		
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	CORNELIUS, MAX W.	2.2 NAME: T KOZLOWSKI, RAY A.	
STREET ADDRESS	4421 8TH AVE. N.	2.3 STREET ADDRESS: 6006 SEM. BLVD.	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP: SEMINOLE, FLA 34642	
TITLE	VD	3.1 TITLE	☒ Change ☐ Addition
NAME	HANKINS, TERRYLEA	3.2 NAME: V MIDDLEBROOK, GEORGE	
STREET ADDRESS	146 20TH AVE. N.E.	3.3 STREET ADDRESS: 503 CHIPPER DR.	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP: SUN CITY CTR., FLA 33573	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	MCCURRY, JUNE	4.2 NAME: S KELLEY, DONNA	
STREET ADDRESS	1112 38TH AVE. N.E.	4.3 STREET ADDRESS: 7319 NUNDY AVE.	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP: GIBSONTON, FLA. 33534	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MARVIN, LINDA L.	5.2 NAME: D MATTIX, STEVE	
STREET ADDRESS	146 20TH AVE. N.E.	5.3 STREET ADDRESS: 12715 SHERMAN DR.	
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP: HUDSON, FLA. 34667	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ray A. Kozlowski — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RAY A. KOZLOWSKI
Date: FEB 5 1995
Daytime Phone #: (813)391-1937

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