FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 1. Corporation Name

N36085

(1)

THE FLORIDA WEST COAST CHAPTER, INC.

Principal Place of Business Mailing Address										1 1981(184 88E 1111E \$1111 \$51\$1 1\$1\$1 \$	JE 46811 W	: #	BLEIT BIÐIT TEÐI	
4421 BTH AVE. N. P.O. BOX 22951 ST. PETERSBURG FL 33742					4421 8TH AVE. N. P.O. BOX 22951 ST. PETERSBURG FL 33742					-	Date Incorporated or Qualified	3a [Date of Last i	Report
											01/12/1990	04.	03/01/19	
	Principal Pla	ce of Busin	ess	2a	2a. Mailing Address						4. FEI Number			Applied For
21					26						59-2796111			Not Applicable
22	Suite, Apt. #, etc.				Suite, Apt. #, etc.						5. Certificate of Status Desired		•	Additional
22	City & State			27	27 Crty & State					& Floring Committee Committee			Required	
23	l Oky a Olake	ny a Giale			28						6. Election Campaign Financing Trust Fund Contribution \$5,00 May Be Added to Fees			
	Zp		Country		Zip	L	Count	ry			8. This corporation has liability for inta	angible		
24			25	29	<u>, </u>	30	·····					Yes 🌡		
<u> </u>	Name and Address of Current Registered Agent								Name		10. Name and Address of New Reg	istered	i Agent	,
	V0710011	OUI DAY	A				8			CO	RNELIUS, MAX			
	KOZLOW:		Α.			82 Street Add				iddress	s (P.O. Box Number is Not Acceptable)			
	6006 SEN		10					3		4421 8TH AVENUE NORTH				
	SEMINOLE FL 34642									ST	. PETERSBURG, FL 337	113		
							8	4	City			FI	85 Zip	Code
11	I. Pursuant to	the provisi	ons of Sections 617.050)2 and 61	7.1508, Florida Statu	tes, the	above	_L ⊹na	med cor	poratio	on submits this statement for the purpo	se of ch	nanging its re	egistered office
	 or registere 	id agent, or	both, in the State of Flo pt the obligations of, Seg	rida Sudl	h change was authori.	zed by t	the cor	rpor	ration's b	ooard o	of directors. I hereby accept the appoin	tment a	s registered	agent. I am
اءا	GNATURE	m	+ Corneli	<i>-</i> ,			HIS		TDEA	CHIDE	ER 3/13	19	1/2	
	S	Signature, typed	or printed harrie of registered age	ot and title it		OTE Regis	stered Ag	KINT S	signature req	danseg wys				
12		DO	OFFICERS AI	ND DIREC			13.				ADDITIONS/CHANGES TO OFFICE			
111 111		PD	N, JAY M		XX)ELETE		1 1 TITLE			PI	D	,	(X) Change	☐ Addition
l	ME REEL ADORESS		IN, JAY M TH AVENUE NORTH				1.2 NAM(000000		OCKHART, JOHN			
	IY-SI-ZIF	SEMINO					1 3 STRE 1 4 C-TY-				4603 LIVINGSTON AVE	.NUE		
TIT		T		₹)D€r€1€			2 1 TITLE				UTZ, FL 33549		X Change	Addition
NA.	ME	KOZLOV	VSKI, RAY A.	^			2 2 NAME			T V				
STI	REET ADDRESS	6006 SE	M. BLVD.				2 3 STREET ADDRESS				ORNELIUS, MAX 421 8th AVENUE NORTH			
CH	IV - ST - ZIP	SEMINO	LE FL				2 4 CHTY - ST - ZIP				T.PETERSBURG, FL 337			
111	.€	V		DELETE		:	3 1 TITLE				ALL, KEVIN	כי	💢 Change	■ Addition
	ME		BROOK, GEORGE				3 2 NAM				308 RIVERBOAT DRIVE			
	REET ADDRESS		PPER DR				3.3 STRE			-	AMPA, FL33637			
Ci I	Y - ST - ZIF	SUN CIT	Y CENTER FL		X] DELETE		4 1 TITLE		ZIP	S			Change	☐ Addition
	ME	•	DONNA		Est or cont		4 2 NAM			-	ALVERT, JODY		EN CHANGE	
	HELT ADDRESS		JNDY AVE.				4.3 STRE		DDRESS		753 14th AVENUE NORT	TH.		
	Y-ST-ZIP	GIBSON					4 4 CITY			-	T. PETERSBURG, FL 33			
TŀT	 	D			X]DELETE		5 1 TITLE	_	-	D			Change	Addition
NA	ME	MATTIX,					5 2 NAME			H	ANKINS, TERRYLEA			
SII	REET ADDRESS		Herman dr.				5 3 STREI	E! A[DOFESS	1	46 20TH AVENUE NE			
Cil	Y-ST-ZIP	HUDSO	N FL		6 -m		5 4 CITY	- S1 -	ZIP		T. PETERSBURG, FL 33	704		
ŢıŢ					DELETE		6 1 TITLE				,		Change	Addition
NA							6.2 NAME							
	REET ADDRESS						6 3 STREI							
-	'Y-ST-ZiP L. Loo hereby	certify that	the information supplied	I with this	filma is voluntarily fun		6 4 CITY -			ify for th	he exemption stated in Section 119.07	(3)/k) E	lorida Statute	as I further
	certify that i oath; that I	the informal am an offic	ion indicated on this ann	nual repor oration o	t or supplemental and the receiver or truste	nual repi ee empo	ort is t	rue	and acci	cúrate a	and that my signature shall have the sa eport as required by Chapter 617, Florid	me lega	al effect as if	made under

SIGNATURE: __

Mot Samelius
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MAX CORNEL JUS

2/13/96 (813)3235189

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CR2E037 (12/98