2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N36085

1. Entity 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

01162007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2796111

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LINER, JUDY
2501 RUSTIC OAKS DR
LUTZ, FL 33559

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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 _____ DATE
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

U00000590954
01/19/07-80004-005 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BARKER, LOY
STREET ADDRESS	8331 MISTY LAKE CIRCLE
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	VPD
NAME	HEINTZ, CAROL
STREET ADDRESS	11735 KAY CT
CITY-ST-ZIP	LARGO, FL 34648
TITLE	T
NAME	LINER, JUDY
STREET ADDRESS	PO BOX 2016
CITY-ST-ZIP	LUTZ, FL 33548
TITLE	BM
NAME	JOSSELYN, MARC & LEA
STREET ADDRESS	5110 VINSON DR
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Judy Liner 1-16-07 813-949-6415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #