

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36085

FILED  
Jan 07, 2009  
Secretary of State

**Entity Name:** THE FLORIDA WEST COAST CHAPTER, INC.

**Current Principal Place of Business:**

2501 RUSTIC OAKS DR  
LUTZ, FL 33559

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2016  
LUTZ, FL 33548

**New Mailing Address:**

**FEI Number:** 59-2796111

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LINER, JUDY  
2501 RUSTIC OAKS DR  
LUTZ, FL 33559 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BARKER, LOY  
Address: 8331 MISTY LAKE CIRCLE  
City-St-Zip: SARASOTA, FL 34241

Title: VPD ( ) Delete  
Name: HEINTZ, CAROL  
Address: 11735 KAY CT  
City-St-Zip: LARGO, FL 34648

Title: T ( ) Delete  
Name: LINER, JUDY  
Address: PO BOX 2016  
City-St-Zip: LUTZ, FL 33548

Title: BM ( ) Delete  
Name: JOSSELYN, MARC & LEA  
Address: 5110 VINSON DR  
City-St-Zip: TAMPA, FL 33610

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: HEINTZ, CAROL  
Address: 11735 KAY CT  
City-St-Zip: LARGO, FL 33778

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: BM (X) Change ( ) Addition  
Name: JOSSELYN, MARC & LEA  
Address: 7205 KINGSBURY CIRCLE  
City-St-Zip: TAMPA, FL 33610

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: JUDY LINER

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01/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date