

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90006 038 ****70.00

DOCUMENT # N41457

1.. Entity Name

**WEST COAST REGIONAL CASE MANAGEMENT
ASSOCIATION, INC.**



Principal Place of Business

**1205 MAGDALENE GROVE AVENUE
TAMPA FL 33613**

Mailing Address

**1205 MAGDALENE GROVE AVENUE
TAMPA FL 33613**

2. Principal Place of Business

3. Mailing Address



MOORE

CR2E037 (11/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3063695

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERGMANN, BARBARA
1205 MAGDALENE GROVE AVENUE
TAMPA FL 33613**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Barbara Bergmann

Barbara Bergmann

1-24-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ROTHMAN, PHYLLIS**
STREET ADDRESS **161 79TH ST SOUTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33707**

TITLE **TD** ☐ Delete
NAME **BERGMAN, BARBARA**
STREET ADDRESS **1205 MAGDALENE GROVE AVE**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **D** ☐ Delete
NAME **SINNREICH, KAREN**
STREET ADDRESS **16314 VILLARREAL DE AVILA**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **S** ☒ Delete
NAME **DESLANDES, CHRIS**
STREET ADDRESS **6068 3RD AVE N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

TITLE **VPD** ☐ Delete
NAME **BAKEHIS, ROSEMARIE**
STREET ADDRESS **489 WATERFORD CIRCLE E**
CITY-ST-ZIP **TARPOON SPRINGS FL 34-6885**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME *Bergmann*
STREET ADDRESS *1205 Magdalene*
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME *S Doris Roberts*
STREET ADDRESS *1450 Waterwood Dr.*
CITY-ST-ZIP *Lutz, FL 33559*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Barbara Bergmann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-04

Date

813-962-3942

Daytime Phone #