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# May 06, 1999 8:00 am
# Secretary of State
05-06-1999 90073 014 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N42535

1. Corporation Name
THE WESTSHORE ALLIANCE PARTNERSHIP SCHOOL, INC.

560731 - 90072 - 48

| Principal Place of Business | Mailing Address |
|---|---|
| 2203 N. LOIS AVENUE<br>TAMPA FL 33607<br>US | ~~5100 W LEMON ST~~<br>~~STE 129~~<br>~~TAMPA FL 33609~~<br>US |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 5444 Bay Center Dr | 3. Date Incorporated or Qualified<br>03/13/1991 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 115 | 4. FEI Number<br>59-3070964 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 Tampa, FL | 5. Certificate of Status Desired ☐ $8.75 Additional Fee Required |
| Zip 24 Country 25 | Zip 29 33609 Country 30 US | 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees |

**9. Name and Address of Current Registered Agent**

ROTELLA, RONALD T.
~~5100 W. LEMON STREET~~
~~SUITE #107~~
~~TAMPA FL 33609~~

**10. Name and Address of New Registered Agent**

81 Name: Rotella, Ronald
82 Street Address (P.O. Box Number is Not Acceptable): 5444 Bay Center Dr Suite 115
83 City: Tampa FL
84 FL 85 Zip Code: 33609

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVC<br>REED, JAMES<br>5100 W LEMON STREET SUITE #107<br>TAMPA FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | DVP<br>5444 Bay Center Dr Suite 115<br>Tampa, FL 33609 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DC<br>POTTS, CINDY<br>5100 W LEMON STREET SUITE #107<br>TMAPA FL | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>WESSMAN, JIM<br>5100 W LEMON STREET SUITE #107<br>TAMPA FL | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | DT<br>5444 Bay Center Dr Suite 115<br>Tampa FL 33609 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>ROTELLA, RONALD T<br>5100 W LEMON STREET SUITE #107<br>TMAPA FL | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | DP and C<br>5444 Bay Center Dr Suite 115<br>Tampa, FL 33609 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

14. 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 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, with all other like empowered.

**SIGNATURE:** ~~SIGNATURE REQUIRED~~ 4/29/99 (813) 289-5488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)