

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000005623 (3)

1. Corporation Name

PROJECT CHALLENGE OF THE WEST COAST, INCORPORATE
D



Principal Place of Business

2075 MAIN STREET
SUITE 5
SARASOTA FL 34237

Mailing Address

2075 MAIN STREET
SUITE 5
SARASOTA FL 34237

3. Date Incorporated or Qualified
01/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HODGES, PAULINE
2075 MAIN STREET
SUITE 5
SARASOTA FL 34237

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
HODGES, PAULINE
STREET ADDRESS
2311 N. CONRAD
CITY-ST-ZIP
SARASOTA FL 34236

TITLE ☐ DELETE

NAME
PITTS, JENNIFER
STREET ADDRESS
4623 TRI-PAR DR. #112
CITY-ST-ZIP
SARASOTA FL 34234

TITLE ☐ DELETE

NAME
HOLLIMAN, EDNA
STREET ADDRESS
3021 LOCKWOOD LAKE CIRCLE
CITY-ST-ZIP
SARASOTA FL 34236

TITLE ☐ DELETE

NAME
BELLE, ANITA
STREET ADDRESS
4317-B S.W. 71ST TERRACE
CITY-ST-ZIP
GAINESVILLE FL 32608

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

P/M

Hodges, Pauline
1322 N Conrad Avenue
Sarasota, Florida 34236

✓

Pitts, Jennifer
4623 Tri-Par Dr. #112

D/S

Holliman, Edna
3021 Lockwood Lake Circle
Sarasota, Florida 34236

C/D

Hendon, Marvin
240 N Washington Blvd.
Sarasota, Florida 34236

T

Porter, Cynthia
600 47th Street
Sarasota, Florida 34234

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0014822

CR2E037 (3/96)