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Jun 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34237-6031



2. Principal Place of Business

21 **1751-Dr. Martin Luther King Jr. Way**

Suite, Apt. #, etc.

City & State

23 **Sarasota, FL**

Zip

24 **34234**

Country

25 **Sarasota**

2a. Mailing Address

26 **P.O. Box 1132**

Suite, Apt. #, etc.

City & State

28 **Sarasota, FL**

Zip

29 **34230**

Country

30 **Sarasota**

3. Date Incorporated or Qualified
01/01/1995

3a. Date of Last Report
08/14/1996

4. FEI Number
65-0635451

Applied For
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

HODGES, PAULINE
2075 MAIN STREET
SUITE 5
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name

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

83 **912 Lacosta Circle Apt #1**

84 City

Sarasota

FL

85 Zip Code

34236

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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

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

TITLE ☐ DELETE

NAME **CD**
HENDON, MARVIN
STREET ADDRESS **240 N WASHINGTON BLVD**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☒ DELETE

NAME **T**
PORTER, CYNTHIA
STREET ADDRESS **600 47TH STREET**
CITY-ST-ZIP **SARASOTA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **Pauline Hodges**
1.3 STREET ADDRESS **912 Lacosta Circle Apt #1**
1.4 CITY-ST-ZIP **Sarasota, FL 34237**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **Valerie Law**
2.3 STREET ADDRESS **924 Lacosta Circle**
2.4 CITY-ST-ZIP **Sarasota, FL 34237**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **Florine Daniels**
3.3 STREET ADDRESS **310 N. Brink Ave**
3.4 CITY-ST-ZIP **Sarasota, FL 34237**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **D**
4.3 STREET ADDRESS **Stan Perkins**
4.4 CITY-ST-ZIP **1494 Dr. Martin Luther King, Jr. Way**
Sarasota, FL 34234

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **S**
5.3 STREET ADDRESS **Michael Goggins**
5.4 CITY-ST-ZIP **1751-Dr. Martin Luther King, Jr. Way**
Sarasota, FL 34234

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **P**
6.3 STREET ADDRESS **Nina Perry**
6.4 CITY-ST-ZIP **280 Golden Gate PT #1**
Sarasota, FL 34236

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: **Pauline Hodges**

5/1/97 (941) 855-0733

CR2E037 (9/96)