NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **N94000005623**

PROJECT CHALLENGE OF THE WEST COAST, INCORPORATE

Principal Place of Business										
	MARTIN	LUTHER	KING	JR	WAY					

2. Principal Place of Business

P.O. BOX 1132 SARASOTA FL 34230

2a. Mailing Address

Mailing Address

May 27, 1999 8:00 am \(\bar{\gamma} \)
Secretary of State

05-27-1999 90009 048 ****61.25

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3. Date Incorporated or Qualifed

01/01/1005

21			26		_			0 1/0 1/ 1000		
	Suite, Apt.	#, etc.	Suit	e, Apt. #, etc.				4. FEI Number	A	oplied For
22			27					65-0535451	N	ot Applicable
==1	City & State	8	City & State					5. Certificate of Status Desired	\$8.75	Additional
23	•		28					5. Certifcate of Status Desired	Fee R	equired
	Zip	Country	Zip		Country	,		6. Election Campaign Financing	\$5.00	May Be
24	•	25	29	30	7			Trust Fund Contribution		to Fees
2-7		9. Name and Address of Current			<u>' </u>			10. Name and Address of New Register	ed Agent	
					81	Name				1
					ļ	Ho	dges, Pauline			
HODGES, PAULINE				82	82 Street Address (P.O. Box Number is Not Acceptable) 909 Sunridge Dr.					
	912 LACO	STA CIR			83		, Du			
	APT. 1				00					
SARSAOTA FL 34236				84	City	_		L 85 Zip	Code 234	
11	Pursuant	to the provisions of Sections 617.0502	and 617.15	508, Florida Statutes,	the abov	e-named	l corpor	ration submits this statement for the purpose	of changing its pointment as r	s registered
	agent. I a	m familiar with, and accept the obligati	ons of Sec	tion,617.0503, Florida	Statute	5. 1	7	ration submits this statement for the purpose is board of directors. I hereby accept the ap		Ĭ
e.	GNATURE	Pauline Hodges .	Han	lue to	1720	V		5/1/9	9	_]
) 31	IGNATONE	Signature, typed or printed name of registered agent	and title if applic	sble. (NOTE: Re		nt signature	required v	when reinstating) DATE		
12	<u>. </u>	OFFICERS AND	DIRECTO		13.		,	ADDITIONS/CHANGES TO OFFICERS		
тп	LE	D		☐ DELETE	1.1 TITLE		D		💢 Change	Addition
NAI	ME	HODGES, PAULINE			1.2 NAME		Но	dges Pauline		
STE	REET ADDRESS	912 LACOSTA CIR, APT. 1			1.3 STREE	TADORESS	90	9 Sunridge Dr.		ļ
СП	Y-ST-ZIP	SARASOTA FL			1.4 CITY-5	T-ZIP	Sa	rasota, FL 34234		
TIT		T		X DELETE	2.1 TITLE		D		Change	☐ Addition
NA.	MF	LAW, VALERIE			2.2 NAME		-	m Webber		
	REET ADDRESS	1067 N JEFFERSON			2.3 STREE	TAODRESS		33 Rutland Gate		
Į					2. 4 CITY-			rasota, FL 34234		ļ
TIT	Y-ST-ZIP	SARASOTA FL 34236		X DELETE	3.1 TITLE	31-21	D	IASULA, FH 34234	Change	☐ Addition
1		DS		gg beerie	3.2 NAME		1 -	atta Canaba		_
NA		HOLLIMAN, EDNA	_			T 40000000	1	etta Sancho		ļ
l	REET ADDRESS	3021 LOCKWOOD LAKE CIRCLE	•			TADDRESS		3 N Washington Blvd	•	
-	Y-ST-ZIP	SARASOTA FL		D DELETE	3.4. CITY-	ST-ZIP		rasota, FL 34236	☐ Change	Addition
गा	LE	D		☐ DELETE	4.1 TITLE		D		C) change	
NA	ME	PERKINS, STAN			4. 2 NAME		Ca	rolyn McKinnon		
ST	REET ADDRESS	1494 DR MARTIN LUTHER KING	JR WAY		4.3 STREE	TADORESS		24 20th Street		
СІТ	Y-ST-ZIP	SARASOTA FL			4.4 CITY-5	T-ZIP	Sa	rasota, FL 34234		
TIT	Œ	T		DELETE	5.1 TITLE		D		☐ Change	☐ Addition
NA.	ME	HENDON, DR MARVIN			5.2 NAME		1 -	bert Jacocks		ļ
STI	REET ADDRESS	403 N WASHINGTON BLVD			5.3 STREE	TADDRESS				
1	Y-ST-ZIP	SARASOTA FL 34236			5.4 CITY-5	ST-ZIP	Sa	60 Bee Ridge Road rasota, FL 34233		
TIT		V		☐ DELETE	6.1 TITLE			,	Change	☐ Addition
NA		DANIELS, FLORINE			6.2 NAME					Ì
				ĺ	6.3 STRFF	TADDRESS	3			İ
511	REET ADDRESS	310 N BRINK AVE			I		1			

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 chapter 617, or on application or the receiver or trustee empowered.

6.4 CITY-ST-ZIP

SIGNATURE: -

SARASOTA FL

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR