

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

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90334 044 \*\*\*\*70.00

**DOCUMENT # N94000005623**

1. Entity Name

**PROJECT CHALLENGE OF THE WEST COAST,  
INCORPORATED**



Principal Place of Business

1844 17TH STREET  
104-C  
SARASOTA FL 34234  
US

Mailing Address

P.O. BOX 1132  
SARASOTA FL 34230  
US

2. Principal Place of Business

3080 N. Washington Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Zip

34234

Country

Zip

Country

4. FEI Number

65-0535451

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

**HODGES, PAULINE  
5086 BARRINGTON CIRCLE  
SARASOTA FL 34234**

7. Name and Address of New Registered Agent

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

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 D  
NAME HODGES, PAULINE ☐ Delete  
STREET ADDRESS 5086 BARRINGTON CIRCLE  
CITY-ST-ZIP SARASOTA FL 34234

TITLE D  
NAME WEBBER, TOM ☐ Delete  
STREET ADDRESS 4933 RUTLAND GATE  
CITY-ST-ZIP SARASOTA FL 34234

TITLE D  
NAME MCKINNON, CAROLYN ☐ Delete  
STREET ADDRESS 403 N. WASHINGTON BLVD  
CITY-ST-ZIP SARASOTA FL 34236

TITLE D  
NAME PERKINS, STAN ☒ Delete  
STREET ADDRESS 1751 DR. MLK JR. WAY  
CITY-ST-ZIP SARASOTA FL

TITLE D  
NAME HENDON, DR MARVIN ☐ Delete  
STREET ADDRESS 10519 CHEVAL PL  
CITY-ST-ZIP BRADENTON, FL 34202

TITLE V  
NAME DANIELS, FLORINE ☐ Delete  
STREET ADDRESS 310 N BRINK AVE  
CITY-ST-ZIP SARASOTA FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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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:

*Pauline Hodges - Pauline Hodges*

4/26/04

(941) 358-3281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #