

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90418 018 \*\*\*\*61.25

**DOCUMENT # N94000005623**

1. Entity Name

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



Principal Place of Business

1231 N TUTTLE  
SARASOTA FL 34237  
US

Mailing Address

P.O. BOX 1132  
SARASOTA FL 34230  
US



2. Principal Place of Business

5172 Village Lake Dr

3. Mailing Address

P.O. BOX 1132

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

Sarasota, FL 34235

City & State

Sarasota FL 34230

4. FEI Number

65-0535451

Applied For

Not Applicable

Zip  
34235

Country

Sarasota

Zip

34230

Country

Sarasota

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HODGES, PAULINE  
5362 ROYAL PALM AVE  
SARASOTA FL 34234

7. Name and Address of New Registered Agent

Name

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

5172 Village Lake Dr.

City

Sarasota

FL

Zip Code

34235

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 reappointing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME Pauline Hodges  
STREET ADDRESS 5172 Village Lake Dr.  
CITY-ST-ZIP Sarasota, FL 34235

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 exemptions contained in Section 119, 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

4/7/06

(941) 377-8430