

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2003 8:00 am**  
**Secretary of State**

09-02-2003 90319 001 \*\*\*\*\*8.75  
09-02-2003 90319 002 \*\*\*\*\*61.23

**DOCUMENT # N94000005623**

1. Entity Name

**PROJECT CHALLENGE OF THE WEST COAST, INCORPORATE  
D**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0535451**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HODGES, PAULINE  
1159 FOUR SEASONS CIRCLE  
APT. #201  
SARASOTA FL 34234**

Name **Pauline Hodges**

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

**5086 Barrington Circle**

City **Sarasota**

**FL**

Zip Code

**34234**

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

*Pauline Hodges* **Pauline Hodges Executive Director 8/29/03**

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**

**After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **HODGES, PAULINE**  
STREET ADDRESS **1159 FOUR SEASONS CIRCLE APT #201**  
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **D** ☒ Change ☐ Addition  
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 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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

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

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

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**

**8/29/03 (941) 358-3281**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/03)