

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 17, 1999 8:00 am
Secretary of State

09-17-1999 90004 027 ****70.00

DOCUMENT # N95000001151

1. Corporation Name

W B P ALUMNI ASSOCIATION, INC.

* 616576-90004-27

Principal Place of Business

990 LEXINGTON DRIVE
DUNEDIN FL 34698

Mailing Address

990 LEXINGTON DRIVE
DUNEDIN FL 34698



2. Principal Place of Business

21 **18475 US 19 N.**

2a. Mailing Address

26 **18475 US 19 N.**

3. Date Incorporated or Qualified

03/10/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3311127

Applied For

Not Applicable

City & State

23 **CLEARWATER, FL**

City & State

28 **CLEARWATER, FL**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip Country

24 **33764** 25 **U.S.A.**

Zip Country

29 **33764** 30 **U.S.A.**

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LOVE, ROBERT
990 LEXINGTON DRIVE
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 **DOBBINS, WILLIAM I**
STREET ADDRESS **990 LEXINGTON DRIVE**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☐ DELETE

NAME **O'KANE, SAMUEL M**
STREET ADDRESS **990 LEXINGTON DRIVE**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☐ DELETE

NAME **EBERT, JOHN W**
STREET ADDRESS **990 LEXINGTON DRIVE**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☐ DELETE

NAME **REGOSCH, MICHAEL**
STREET ADDRESS **1026 MCGEE ST**
CITY-ST-ZIP **PHILADELPHIA PA**

TITLE ☐ DELETE

NAME **LOVE, ROBERT J**
STREET ADDRESS **990 LEXINGTON DR.**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **18475 US. 19 N**
1.4 CITY-ST-ZIP **CLEARWATER, FL 33764**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **18475 US. 19 N**
2.4 CITY-ST-ZIP **CLEARWATER, FL 33764**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **18475 US. 19 N**
3.4 CITY-ST-ZIP **CLEARWATER, FL 33764**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS **PHILADELPHIA, PA 19111**
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

ROBERT J. LOVE

9/13/99 507-8802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)