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Mar 31 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northrup
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004607 (6)

1. Corporation Name

THE WEST COAST DIVISION FOR HEMOPHILIA AND BLEED
ING DISORDERS OF THE FLORIDA CHAPTER OF THE NATI

Principal Place of Business

Mailing Address

17810 LITTLEWOOD DRIVE
SPRING HILL FL 34610

17810 LITTLEWOOD DRIVE
SPRING HILL FL 34610-7357



3. Date Incorporated or Qualified
09/26/1995

3a. Date of Last Report
07/23/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

APPLIED FOR 39-207-235

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PHILIPSEN, NATALIE R
17810 LITTLEWOOD DRIVE
SPRING HILL FL 34610

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

Natalie Philipson

(NOTE: Registered Agent signature required when reinstating)

February 20, 1997

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME PHILIPSEN, NATALIE R
STREET ADDRESS 17810 LITTLEWOOD DRIVE
CITY-ST-ZIP SPRING HILL FL 34610

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ZERBE, DELORES
STREET ADDRESS HWY. 301
CITY-ST-ZIP THONOTASASSA FL

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME MARK SCHWARZKOPF
2.3 STREET ADDRESS 18035 HOLLYRIDGE BL-D
2.4 CITY-ST-ZIP KATHLEEN, FL 33849
Treasurer
Lakeland 33810

TITLE C ☐ DELETE
NAME EVERHART, TINA
STREET ADDRESS 8516 SUNFLOWERLANE
CITY-ST-ZIP BAYNET POINT FL 34667

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S ☒ DELETE
NAME MASSOLIO, MARYANN
STREET ADDRESS 1009 ELM GROVELANE
CITY-ST-ZIP VALRICO FL 33594

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Committee Chair
4.3 STREET ADDRESS Tina Everhart
4.4 CITY-ST-ZIP 8516 Sunflower Lane
Baynet Point, FL 34667

TITLE D ☒ DELETE
NAME DALPIAZ, NANCY
STREET ADDRESS 8812 RIVER LACHEN WAY
CITY-ST-ZIP RIVERVIEW FL 33569

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME Secretary
5.3 STREET ADDRESS Maryann Massolio
5.4 CITY-ST-ZIP 1009 Elm Grove Lane
Valrico, FL 33594

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Natalie Philipson

2/20/97

CP2E037 (9/96)