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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Moriham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004607 (6)**

1. Corporation Name

THE WEST COAST DIVISION FOR HEMOPHILIA AND BLEEDING 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**

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/26/1995

4. FEI Number

59-2072352

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

**PHILIPSEN, NATALIE R
17810 LITTLEWOOD DRIVE
SPRING HILL FL 34610**

81 Name

MARK SCHWARTZKOPF

82 Street Address (Box Number is Not Acceptable)

8035 Hollyridge Dr.

83

84 City

LAKELAND

FL

85 Zip Code
33849

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

Mary Ann Massolio
Signature, typed or printed name of registered agent and title if applicable.

MARY ANN MASSOLIO (SECRETARY)

2/4/98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PHILIPSEN, NATALIE R	
STREET ADDRESS	17810 LITTLEWOOD DRIVE	
CITY-ST-ZIP	SPRING HILL FL 34610	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ZERBE, DELORES	
STREET ADDRESS	HWY. 301	
CITY-ST-ZIP	THONOTASASSA FL	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	EVERHART, TINA	
STREET ADDRESS	8516 SUNFLOWERLANE	
CITY-ST-ZIP	BAYNET POINT FL 34687	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHWARTZKOPF, MARK	
STREET ADDRESS	8035 HOLLYRIDGE DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	CC	<input checked="" type="checkbox"/> DELETE
NAME	EVERHART, TINA	
STREET ADDRESS	8516 SUNFLOWER LANE	
CITY-ST-ZIP	BAYNET POINT FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MASSOLINO, MARYANN	
STREET ADDRESS	1009 ELM GROVE LANE	
CITY-ST-ZIP	VALRICO FL	

1.1 TITLE	PRESIDENT - "D"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARK SCHWARTZKOPF	
1.3 STREET ADDRESS	PO BOX # 1007	
1.4 CITY-ST-ZIP	KATHLEEN, FL 33849-1007	
2.1 TITLE	VICE PRESIDENT - "D"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EDITH BROWN	
2.3 STREET ADDRESS	918 E. EMMA ST	
2.4 CITY-ST-ZIP	TAMPA, FL 33603-4141	
3.1 TITLE	TREASURER - "D"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TRACY JOHNSON	
3.3 STREET ADDRESS	13214 BUNN CIRCLE, Apt. #2	
3.4 CITY-ST-ZIP	TAMPA, FL 33612	
4.1 TITLE	SECRETARY - "D"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARY ANN MASSOLIO	
4.3 STREET ADDRESS	1009 ELM GROVE LN.	
4.4 CITY-ST-ZIP	VALRICO, FL 33594	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

Mary Ann Massolio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/98
Date

(813) 276-5531
Daytime Phone #

CR2E037 (10/97)