

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90124 047 \*\*\*\*61.25

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DOCUMENT # N95000004607

1. Corporation Name

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

Principal Place of Business

17810 LITTLEWOOD DRIVE  
SPRING HILL FL 34610

Mailing Address

17810 LITTLEWOOD DRIVE  
SPRING HILL FL 34610



2. Principal Place of Business

21 17810 Littlewood Dr

Suite, Apt. #, etc.

22 Spring Hill, FL

City & State

23 34610

Zip

Country

24 25

2a. Mailing Address

26 17810 Littlewood Dr

Suite, Apt. #, etc.

27 Spring Hill, FL

City & State

28 34610

Zip

Country

29 34610 30 US

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

9. Name and Address of Current Registered Agent

SCHWARTZKOPF, MARK  
8035 HOLLYRIDGE DR  
LAKELAND FL 33849

10. Name and Address of New Registered Agent

81 Name

DAVID PHILIPSEN

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

17810 LITTLEWOOD DR.

83

8

84 City

Spring Hill

FL

85 Zip Code

34610

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 (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCHWARTZKOPF, MARK	
STREET ADDRESS	PO BOX 1007	
CITY-ST-ZIP	LAKELAND FL 33849-1007	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, EDITH	
STREET ADDRESS	918 E EMMA ST	
CITY-ST-ZIP	TAMPA FL 36034	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, TRACY	
STREET ADDRESS	13214 BUNN CIRCLE., APT #2	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHWARTZKOPF, MARK	
STREET ADDRESS	8035 HOLLYRIDGE DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MASSOLINO, MARYANN	
STREET ADDRESS	1009 ELM GROVE LANE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	TAMMY CORDERO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	PD	
13 STREET ADDRESS	PO BOX 13398	
14 CITY-ST-ZIP	TAMPA, FL 33681	
21 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	DAVID PHILIPSEN	
23 STREET ADDRESS	17810 LITTLEWOOD DR.	
24 CITY-ST-ZIP	Spring Hill, FL 34610	
31 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	MARK SCHWARTZKOPF	
33 STREET ADDRESS	PO BOX 1007	
34 CITY-ST-ZIP	LAKELAND, FL 33849	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	DAVID PHILIPSEN	
43 STREET ADDRESS	17810 LITTLEWOOD DR.	
44 CITY-ST-ZIP	Spring Hill, FL 34610	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99 827-856-1791

Date

Daytime Phone #

CR2E037 (11/98)