

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000001364 (6)

1. Corporation Name

THE WEST ATLANTIC REDEVELOPMENT COALITION, INC.

FILED
97 MAR -3 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FL
MWB

Principal Place of Business

Mailing Address

24 NORTH SWINTON AVENUE
DELRAY BEACH FL 33444

24 NORTH SWINTON AVENUE
DELRAY BEACH FL 33444-2632

3. Date Incorporated or Qualified
03/07/1996

3a. Date of Last Report
N/A

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

29

30

4. FEI Number

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

HERRING, EUGENE
24 NORTH SWINTON AVENUE
DELRAY BEACH FL 33444

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81 Name CHRISTOPHER J. BROWN

82 Street Address (P.O. Box Number is Not Acceptable)
24 NORTH SWINTON AVE

83

84 City DELRAY BEACH

FL

85 Zip Code 33444

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 *Christopher J. Brown*

CHRISTOPHER J. BROWN 2/24/97

Signature typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME EGAN, KEVIN
STREET ADDRESS 269 SE 5TH AVENUE
CITY-ST-ZIP DELRAY BEACH FL 33483

1.1 TITLE VPD
1.2 NAME JIMMY WEATHERSPOON
1.3 STREET ADDRESS 130 NW 2ND AVENUE
1.4 CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE D
NAME MITCHELL, LEONARD
STREET ADDRESS 727 PLACE TAVANT
CITY-ST-ZIP DELRAY BEACH FL 33445

2.1 TITLE P, D
2.2 NAME LEONARD MITCHELL
2.3 STREET ADDRESS SAME
2.4 CITY-ST-ZIP

TITLE D
NAME WEAVER, JOHN
STREET ADDRESS 310 SE 1ST STREET STE 4
CITY-ST-ZIP DELRAY BEACH FL 33483

3.1 TITLE S D
3.2 NAME ELIZABETH WESLEY
3.3 STREET ADDRESS 309 LINCOLN LANE
3.4 CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE D
NAME DEBAPTISTE, MARC
STREET ADDRESS 1900 GLADES ROAD STE 305
CITY-ST-ZIP BOCA RATON FL 33431

4.1 TITLE T D
4.2 NAME GEORGE MASO
4.3 STREET ADDRESS PO BOX 7006 N/A
4.4 CITY-ST-ZIP BOCA RATON FL 33431

TITLE D
NAME SUMRALL, KATHI
STREET ADDRESS 160 SE 8TH AVENUE
CITY-ST-ZIP DELRAY BEACH FL 33483

5.1 TITLE D
5.2 NAME FATHER THOMAS SHEPHERD
5.3 STREET ADDRESS 404 SW 3RD STREET
5.4 CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE D
NAME GADSON, WANDA
STREET ADDRESS 105 S NARCISSUS AVE STE 302
CITY-ST-ZIP WEST PALM BEACH FL 33401

6.1 TITLE D
6.2 NAME ALFRED STRATHN
6.3 STREET ADDRESS 26 SW 5TH AVENUE
6.4 CITY-ST-ZIP DELRAY BEACH FL 33444

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER J. BROWN 2/24/97

Date

Daytime Phone # 0043135