

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  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90007 034 \*\*\*\*61.25

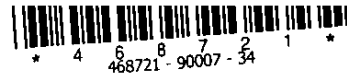
DOCUMENT # N96000001364

1. Corporation Name

THE WEST ATLANTIC REDEVELOPMENT COALITION, INC.

Principal Place of Business  
24 NORTH SWINTON AVENUE  
DELRAY BEACH FL 33444

Mailing Address  
24 NORTH SWINTON AVENUE  
DELRAY BEACH FL 33444



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

3. Date Incorporated or Qualified

03/07/1996

4. FEI Number 65-0863751  
NOT APPLICABLE

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

BROWN, CHRISTOPHER J  
24 NORTH SWINTON AVENUE  
DELRAY BEACH FL 33444

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 a resident of the State of Florida and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

CHRISTOPHER J. BROWN

04/26/99

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 PD  
NAME SHULER, JAMES LAMAR  
STREET ADDRESS 606 WEST ATLANTIC AVENUE  
CITY-ST-ZIP DELRAY BEACH FL 33444

☐ DELETE

TITLE VPD  
NAME WEATHERSPOON, JIMMY  
STREET ADDRESS 130 NW 8TH AVENUE  
CITY-ST-ZIP DELRAY BEACH FL 33444

☐ DELETE

TITLE SD  
NAME WESLEY, ELIZABETH  
STREET ADDRESS 309 LINCOLN LANE  
CITY-ST-ZIP DELRAY BEACH FL 33444

☐ DELETE

TITLE TD  
NAME MASO, GEORGE  
STREET ADDRESS P O BOX 7006 N/A  
CITY-ST-ZIP BOCA RATON FL 33431

☐ DELETE

TITLE VPD  
NAME SHEPHERD, THOMAS FATHER  
STREET ADDRESS 404 SW 3RD ST  
CITY-ST-ZIP DELRAY BEACH FL 33444

☐ DELETE

TITLE D  
NAME WEATHERSPOON, JIMMY  
STREET ADDRESS 130 NW 8TH AVENUE  
CITY-ST-ZIP DELRAY BEACH FL 33444

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

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 of this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)