

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90735 028 ****61.25

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| DOCUMENT # N96000001364 | |
| 1. Entity Name THE WEST ATLANTIC REDEVELOPMENT COALITION, INC. | |



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| Principal Place of Business 104 W ATLANTIC AVE DELRAY BEACH, FL 33444 | Mailing Address 104 W ATLANTIC AVE DELRAY BEACH, FL 33444 |
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| 2. Principal Place of Business 20 N. Swinton Ave. Suite, Apt. #, etc. | 3. Mailing Address 20 N. Swinton Ave. Suite, Apt. #, etc. |
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01052004 Chg-NP CR2E037 (10/03)

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| City & State Delray Beach FL | City & State Delray Beach FL |
| Zip 33444 | Zip 33444 |
| Country USA | Country USA |

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| 4. FEI Number 65-0863751 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent DIANE COLONNA 104 W ATLANTIC AV DELRAY BEACH, FL 33444 | |
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| 7. Name and Address of New Registered Agent | |
| Name Diane Colonna | |
| Street Address (P.O. Box Number is Not Acceptable) 20 N. Swinton Ave. | |
| City Delray Beach | Zip Code FL 33444 |

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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | |
| SIGNATURE <i>Diane Colonna</i> | DATE 4-22-04 |

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| Filing Fee is \$61.25 Due by May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD SHULER, JAMES LAMAR 606 WEST ATLANTIC AVENUE DELRAY BEACH, FL 33444 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD WEATHERSPOON, JIMMY 130 NW 8TH AVENUE DELRAY BEACH, FL 33444 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BURTON, RUBY 400 WEST ATLANTIC AVE 2C DELRAY BEACH, FL 33444 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MASO, GEORGE 1050 DOTTEREL RD 408 DELRAY BEACH, FL 33444 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D POLI, NORBERT 104 W. ATLANTIC AVE. DELRAY BEACH, FL 33444 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Daisy Fulton 170 NW 4th Ave Delray Beach, FL 33444 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D clay widemann 404 W. Atlantic Ave. Delray Beach, FL 33444 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Alfred Straghn 26 SW 5th Ave Delray Beach, FL 33444 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Erlyn Dobson 130 NW 3rd Ave. Delray Beach, FL 33444 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D William Mc Collum 300 W. Atlantic Ave. Delray Beach, FL 33444 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | |
| SIGNATURE: <i>[Signature]</i> | DATE 4-23-04 (561) 265-0273 |

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #