

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2006 8:00 am
Secretary of State

05-31-2006 90008 002 ****61.25

50019999



DOCUMENT # N96000001364 1. Entity Name THE WEST ATLANTIC REDEVELOPMENT COALITION, INC.					
Principal Place of Business 20 N SWINTON AVE DELRAY BEACH, FL 33444			Mailing Address 20 N SWINTON AVE DELRAY BEACH, FL 33444		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
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	
6. Name and Address of Current Registered Agent DIANE COLONNA 20 N SWINTON AVE DELRAY BEACH, FL 33444				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>Diane Colonna</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD		TITLE	VICE-CHAIRMAN	
NAME	SHULER, JAMES LAMAR <input checked="" type="checkbox"/> Delete		NAME	STRAGHN, ALFRED <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	606 WEST ATLANTIC AVENUE		STREET ADDRESS	26 SW 5TH AVENUE	
CITY - ST - ZIP	DELRAY BEACH, FL 33444		CITY - ST - ZIP	DELRAY BEACH, FL 33444	
TITLE	VPD <input type="checkbox"/> Delete		TITLE	CHAIRMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEATHERSPOON, JIMMY		NAME	WEATHERSPOON, JIMMY	
STREET ADDRESS	130 NW 8TH AVENUE		STREET ADDRESS	130 NW 8TH AVE	
CITY - ST - ZIP	DELRAY BEACH, FL 33444		CITY - ST - ZIP	DELRAY BEACH, FL 33444	
TITLE	SD <input type="checkbox"/> Delete		TITLE		
NAME	FULTON, DAISY		NAME		
STREET ADDRESS	170 NW 4TH AVE		STREET ADDRESS		
CITY - ST - ZIP	DELRAY BEACH, FL 33444		CITY - ST - ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE		
NAME	MASO, GEORGE		NAME		
STREET ADDRESS	1050 DOTTEREL RD 408		STREET ADDRESS		
CITY - ST - ZIP	DELRAY BEACH, FL 33444		CITY - ST - ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE		
NAME	DOBSON, EVELYN		NAME		
STREET ADDRESS	130 NW 3RD AVE		STREET ADDRESS		
CITY - ST - ZIP	DELRAY BEACH, FL 33444		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE		
NAME	WIDEMANN, CLAY		NAME		
STREET ADDRESS	404 W ATLANTIC AVE		STREET ADDRESS		
CITY - ST - ZIP	DELRAY BEACH, FL 33444		CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Jimmy Weather Spoon</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	