2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State
04-18-2005 90267 029 ****61.25

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1. Entity Name
WEST FLORIDA Y RUNNERS CLUB, INC.

Principal Place of Business	Mailing Address
1005 S. HIGHLAND CLEARWATER, FL 33756 US	1005 S. HIGHLAND CLEARWATER, FL 33756 US

04102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FARNHAM, KAREN
4308 AUSTON WAY
PALM HARBOR, FL 34685

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SCHUMACKER, LINDA
STREET ADDRESS	302 ENTERPRISE RD
CITY-ST-ZIP	SAFETY HARBOR, FL 33763
TITLE	DV
NAME	HOLMES, JOHN
STREET ADDRESS	4956 61ST LANE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709
TITLE	DS
NAME	DUNCAN, CAMERON
STREET ADDRESS	2364 WATERVIEW CT
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	DT
NAME	FARNHAM, KAREN
STREET ADDRESS	4308 AUSTON WAY
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ President 8/3/05 727-644-7792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #